

PUBLIC DISCLOSURE COPY

Form **8879-TE**

# IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning SEP 1, 2023, and ending AUG 31, 2024

# 2023

Department of the Treasury  
Internal Revenue Service

**Do not send to the IRS. Keep for your records.**  
Go to [www.irs.gov/Form8879TE](http://www.irs.gov/Form8879TE) for the latest information.

Name of filer **AMERICAN PARKINSON DISEASE ASSOC.** EIN or SSN **13-1962771**

Name and title of officer or person subject to tax **LESLIE CHAMBERS  
PRESIDENT/CEO**

### Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

<b>1a</b> Form 990 check here <input checked="" type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	<b>1b</b> <u>23,361,566.</u>
<b>2a</b> Form 990-EZ check here <input type="checkbox"/>	<b>b</b> Total revenue, if any (Form 990-EZ, line 9) .....	<b>2b</b> _____
<b>3a</b> Form 1120-POL check here <input type="checkbox"/>	<b>b</b> Total tax (Form 1120-POL, line 22) .....	<b>3b</b> _____
<b>4a</b> Form 990-PF check here <input type="checkbox"/>	<b>b</b> Tax based on investment income (Form 990-PF, Part V, line 5) .....	<b>4b</b> _____
<b>5a</b> Form 8868 check here <input type="checkbox"/>	<b>b</b> Balance due (Form 8868, line 3c) .....	<b>5b</b> _____
<b>6a</b> Form 990-T check here <input type="checkbox"/>	<b>b</b> Total tax (Form 990-T, Part III, line 4) .....	<b>6b</b> _____
<b>7a</b> Form 4720 check here <input type="checkbox"/>	<b>b</b> Total tax (Form 4720, Part III, line 1) .....	<b>7b</b> _____
<b>8a</b> Form 5227 check here <input type="checkbox"/>	<b>b</b> FMV of assets at end of tax year (Form 5227, Item D) .....	<b>8b</b> _____
<b>9a</b> Form 5330 check here <input type="checkbox"/>	<b>b</b> Tax due (Form 5330, Part II, line 19) .....	<b>9b</b> _____
<b>10a</b> Form 8038-CP check here <input type="checkbox"/>	<b>b</b> Amount of credit payment requested (Form 8038-CP, Part III, line 22) .....	<b>10b</b> _____

### Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that  I am an officer of the above entity or  I am a person subject to tax with respect to (name of entity) \_\_\_\_\_, (EIN) \_\_\_\_\_ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

#### PIN: check one box only

I authorize WISS & COMPANY, LLP to enter my PIN 10305  
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax \_\_\_\_\_

Date \_\_\_\_\_

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

**22635907039**

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature \_\_\_\_\_ Date \_\_\_\_\_

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Taxpayer identification number (TIN) <b>13-1962771</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2562 HYLAN BLVD, 61420</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STATEN ISLAND, NY 10306</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
 Plan Number \_\_\_\_\_  
 Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **CHRIS SALICCO**  
**2562 HYLAN BLVD, SUITE 61420 - STATEN ISLAND, NY 10306**

Telephone No. **347-329-1396** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **SEP 1**, 20 **23**, and ending **AUG 31**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

**For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **SEP 1, 2023** and ending **AUG 31, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN PARKINSON DISEASE ASSOC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2562 HYLAN BLVD 61420</b> City or town, state or province, country, and ZIP or foreign postal code <b>STATEN ISLAND, NY 10306</b> <b>F</b> Name and address of principal officer: <b>LESLIE CHAMBERS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1962771</b> <b>E</b> Telephone number <b>718-981-8001</b> <b>G</b> Gross receipts \$ <b>35,244,079.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.APDAPARKINSON.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1961</b>
<b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>EVERY DAY WE PROVIDE THE SUPPORT, EDUCATION, AND RESEARCH THAT WILL HELP EVERYONE IMPACTED BY</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>55</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>550</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 13,177,640.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,254.	824,494.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-282,929.	-192,847.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,931,965.	23,361,566.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,793,743.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,299,739.	6,760,306.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	212,508.	201,489.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	2,839,389.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,051,114.	7,474,876.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,357,104.	18,328,051.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,425,139.	5,033,515.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 23,456,567.	<b>End of Year</b> 30,317,278.
	<b>21</b>	Total liabilities (Part X, line 26)	2,832,762.	3,796,302.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	20,623,805.	26,520,976.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>LESLIE CHAMBERS, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANA MILLER</b>	Preparer's signature
	Firm's name <b>WISS &amp; COMPANY, LLP</b>	Date
	Firm's address <b>100 CAMPUS DRIVE FLORHAM PARK, NJ 07932</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01597612</b>
		Firm's EIN <b>22-1732349</b> Phone no. <b>973-994-9400</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission:

SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code: ) (Expenses \$ 5,945,434. including grants of \$ ) (Revenue \$ )

PUBLIC AWARENESS - APDA CURRENTLY PROVIDES (ON-LINE AND IN PRINT) MORE THAN 56 FREE EDUCATIONAL PUBLICATIONS, 34 IN ENGLISH, 19 IN SPANISH, AND 3 IN SIMPLIFIED CHINESE TO ADDRESS MEDICAL AND SOCIAL ASPECTS OF THE DIAGNOSIS, TREATMENT, AND CARE OF PEOPLE WITH PARKINSON DISEASE. THESE PUBLICATIONS AND ADDITIONAL INFORMATION DISTRIBUTED THROUGH APDA'S 14 CHAPTERS (12 OF WHICH ARE FULLY ACTIVE), 11 INFORMATION & REFERRAL CENTERS, EXTENSIVE WEBSITE, AND "800" TELEPHONE HELPLINE. APDA ALSO RAISES AWARENESS THROUGH TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS ENTITLED "LIVE WITH OPTIMISM," "LOOK CLOSER," AND "MIRA MAS DE CERCA" THAT HAVE AIRED NATIONWIDE SINCE 2015. APPROXIMATELY 240,000 NEWSLETTERS ARE MAILED ANNUALLY, AND ADDITIONAL 420,000 SENT VIA EMAIL.

4b (Code: ) (Expenses \$ 4,600,313. including grants of \$ 1,928,238. ) (Revenue \$ )

PATIENT SERVICES AND EDUCATIONAL PROGRAMS - APDA AIMS TO SUPPORT EVERY PERSON AND EVERY FAMILY IMPACTED BY PARKINSON'S. THROUGH ITS NATIONWIDE SYSTEM OF CHAPTERS, INFORMATION & REFERRAL (I&R) CENTERS, AND COMMUNITY PARTNERS. APDA UNIQUELY DELIVERS EDUCATION, SUPPORT AND PATIENT SERVICES TO ANYONE WITH PARKINSON'S DISEASE AND THEIR FAMILIES EACH DAY. 11 INFORMATION AND REFERRAL CENTERS ARE GRANT FUNDED ALONG WITH COMMUNITY GRANTS ACROSS IN THE US TO EXPAND THE REACH IN UNDERSERVED COMMUNITIES. APDA CONDUCTED OVER 30 PATIENT EDUCATION WEBINARS VIRTUALLY AND IN PERSON REGARDING EDUCATION ON TOPICS THAT ADDRESS THE SYMPTOMS, TREATMENTS, AND CHALLENGES OF LIVING WITH PARKINSON'S DISEASE AND HAS REACHED OVER 93,996 VIEWS. APDA OFFERED 33 NATIONAL SUPPORT GROUP PROGRAMS "PRESS", PARKINSON'S ROADMAP FOR EDUCATION AND SUPPORT

4c (Code: ) (Expenses \$ 2,780,956. including grants of \$ 1,963,142. ) (Revenue \$ )

RESEARCH - APDA PROUDLY INVESTS IN EIGHT CENTERS FOR ADVANCED RESEARCH AND SUPPORTS GRANTS TO FUND THE MOST PROMISING SCIENCE FOCUSED ON DISCOVERING THE CAUSE(S) AND FINDING THE CURE FOR PARKINSON'S DISEASE. SINCE ITS FOUNDING IN 1961, APDA HAS BEEN A FUNDING PARTNER IN MANY OF THE MAJOR PD SCIENTIFIC BREAKTHROUGHS.

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,326,703.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.



Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRIS SALICCO - 347-329-1396
2562 HYLAN BLVD, SUITE 61420, STATEN ISLAND, NY 10306

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	40.00			X				314,401.	0.	57,734.
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	40.00			X				189,157.	0.	54,898.
(3) REBECCA GILBERT CHIEF MISSION OFFICER	32.00			X				201,068.	0.	25,516.
(4) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMM	40.00					X		151,978.	0.	33,938.
(5) WILLIAM PATJANE REGIONAL DIRECTOR	40.00					X		134,675.	0.	45,617.
(6) JEAN ALLENBACH REGIONAL DIRECTOR	40.00					X		138,913.	0.	35,604.
(7) CATHERINE KRANE REGIONAL DIRECTOR	40.00					X		135,814.	0.	38,249.
(8) ROSA PENA VP PROGRAMS AND SERVICES	40.00					X		138,078.	0.	20,504.
(9) BERNARD BATTISTA CHAIRMAN	1.50	X		X				0.	0.	0.
(10) DONNA J.C. FANELLI, DNP VICE CHAIR	1.50	X		X				0.	0.	0.
(11) PATRICK MCDERMOTT TREASURER	1.50	X		X				0.	0.	0.
(12) SALLY ANN ESPOSITO BROWNE SECRETARY	1.50	X		X				0.	0.	0.
(13) THOMAS K. PENETT, ESQ. EXECUTIVE COMMITTEE MEMBER	1.50	X		X				0.	0.	0.
(14) ATHOL COCHRANE DIRECTOR	0.50	X						0.	0.	0.
(15) DAVID G. STANDAERT, MD, PHD DIRECTOR	0.50	X						0.	0.	0.
(16) ELENA MAESTRONE IMPERATO DIRECTOR	0.50	X						0.	0.	0.
(17) ELIZABETH BRAUN, RN DIRECTOR	0.50	X						0.	0.	0.

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA ESPOSITO, DVM DIRECTOR	0.50	X					0.	0.	0.	
(19) MARIO J. ESPOSITO, JR. DIRECTOR	0.50	X					0.	0.	0.	
(20) TOM LIODICE DIRECTOR	0.50	X					0.	0.	0.	
<b>1b Subtotal</b> .....							1,404,084.	0.	312,060.	
<b>c Total from continuation sheets to Part VII, Section A</b> .....							0.	0.	0.	
<b>d Total (add lines 1b and 1c)</b> .....							1,404,084.	0.	312,060.	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST PUBLISHING 4000 SE ADAMS ST, TOPEKA, KS 66609	DIRECT MAIL VENDOR	2,082,741.
MOORE A SERIES, LLC 4200 PARLIAMENT PLACE, LANHAM, MD 20706	DIRECT MAIL CONSULTANTS	528,971.
WISS & COMPANY, LLP, 100 CAMPUS DRIVE, SUITE 400, FLORHAM PARK, NJ 07932	AUDIT, TAX & NETSUITE IT SERVICES	289,870.
PERLMAN & PERLMAN, LLP, 521 5TH AVENUE, 30TH FLOOR, NEW YORK, NY 10175	LEGAL SERVICES	167,391.
YOUR PART-TIME CONTROLLER, LLC, 1500 WALNUT STREET, SUITE 1200, PHILADELPHIA,	ACCOUNTING SERVICES	135,944.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns .....	147,592.				
	<b>1 b</b>	Membership dues .....					
	<b>1 c</b>	Fundraising events .....	2,495,431.				
	<b>1 d</b>	Related organizations .....					
	<b>1 e</b>	Government grants (contributions) .....					
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above ...	20,086,896.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 19,200.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f .....		22,729,919.			
Program Service Revenue	<b>2 a</b>	_____	Business Code				
	<b>2 b</b>	_____					
	<b>2 c</b>	_____					
	<b>2 d</b>	_____					
	<b>2 e</b>	_____					
	<b>2 f</b>	All other program service revenue .....					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f .....					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) .....		168,817.		168,817.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds .....					
	<b>5</b>	Royalties .....					
	<b>6 a</b>	Gross rents .....	(i) Real	33,835.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses ...	0.				
	<b>6 c</b>	Rental income or (loss)	33,835.				
	<b>6 d</b>	Net rental income or (loss) .....		33,835.		33,835.	
	<b>7 a</b>	Gross amount from sales of assets other than inventory .....	(i) Securities	12,070,649.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses .....	11,414,972.				
	<b>7 c</b>	Gain or (loss) .....	655,677.				
<b>7 d</b>	Net gain or (loss) .....		655,677.		655,677.		
<b>8 a</b>	Gross income from fundraising events (not including \$ 2,495,431. of contributions reported on line 1c). See Part IV, line 18 .....		213,523.				
			467,541.				
<b>8 b</b>	Less: direct expenses .....						
<b>8 c</b>	Net income or (loss) from fundraising events .....		-254,018.		-254,018.		
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19 .....		27,336.				
			0.				
<b>9 b</b>	Less: direct expenses .....						
<b>9 c</b>	Net income or (loss) from gaming activities .....		27,336.		27,336.		
<b>10 a</b>	Gross sales of inventory, less returns and allowances .....						
<b>10 b</b>	Less: cost of goods sold .....						
<b>10 c</b>	Net income or (loss) from sales of inventory .....						
Miscellaneous Revenue	<b>11 a</b>	_____	Business Code				
	<b>11 b</b>	_____					
	<b>11 c</b>	_____					
	<b>11 d</b>	All other revenue .....					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d .....					
<b>12</b>	<b>Total revenue.</b> See instructions .....		23,361,566.	0.	0.	631,647.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,853,880.	3,853,880.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	37,500.	37,500.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	887,085.	646,685.	116,297.	124,103.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,331,974.	3,158,008.	567,922.	606,044.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	409,862.	298,789.	53,733.	57,340.
<b>9</b> Other employee benefits .....	765,628.	558,143.	100,374.	107,111.
<b>10</b> Payroll taxes .....	365,757.	266,637.	47,951.	51,169.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	167,391.	76,832.	65,115.	25,444.
<b>c</b> Accounting .....	439,462.	201,713.	170,951.	66,798.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	201,489.			201,489.
<b>f</b> Investment management fees .....	56,275.	41,025.	7,377.	7,873.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,251,140.	678,014.	573,126.	
<b>12</b> Advertising and promotion .....	202,497.	158,600.	28,522.	15,375.
<b>13</b> Office expenses .....	130,642.	98,462.	16,285.	15,895.
<b>14</b> Information technology .....	406,518.	261,987.	38,825.	105,706.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	212,595.	154,939.	27,853.	29,803.
<b>17</b> Travel .....	397,333.	295,547.	53,150.	48,636.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	584,523.	426,117.	76,631.	81,775.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	165,990.	121,007.	21,761.	23,222.
<b>23</b> Insurance .....	110,342.	80,439.	14,466.	15,437.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PRINTING, POSTAGE AND S</u> .....	2,674,397.	1,511,516.	136,601.	1,026,280.
<b>b</b> <u>MAILINGS</u> .....	445,618.	213,839.	11,675.	220,104.
<b>c</b> <u>DUES, SUBSCRIPTIONS, LI</u> .....	160,297.	136,107.	24,190.	
<b>d</b> <u>MAINTENANCE AND REPAIRS</u> .....	43,250.	31,521.	5,666.	6,063.
<b>e</b> All other expenses .....	26,606.	19,396.	3,488.	3,722.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	18,328,051.	13,326,703.	2,161,959.	2,839,389.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,362,776.	1,613,702.	88,100.	1,660,974.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,191,437.	<b>1</b>	7,557,291.
	<b>2</b> Savings and temporary cash investments .....	5,498,928.	<b>2</b>	1,136,880.
	<b>3</b> Pledges and grants receivable, net .....	1,290,454.	<b>3</b>	7,331,474.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	265,358.	<b>9</b>	317,402.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,790,842.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,350,686.	2,296,515.	<b>10c</b> 2,440,156.
	<b>11</b> Investments - publicly traded securities .....	3,665,119.	<b>11</b>	6,934,667.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,248,756.	<b>15</b>	4,599,408.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,456,567.	<b>16</b>	30,317,278.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	548,986.	<b>17</b>	1,058,864.
	<b>18</b> Grants payable .....	1,499,750.	<b>18</b>	2,076,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	784,026.	<b>25</b>	661,438.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,832,762.	<b>26</b>	3,796,302.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,970,047.	<b>27</b>	21,720,247.
	<b>28</b> Net assets with donor restrictions .....	4,653,758.	<b>28</b>	4,800,729.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	20,623,805.	<b>32</b>	26,520,976.
<b>33</b> Total liabilities and net assets/fund balances .....	23,456,567.	<b>33</b>	30,317,278.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,361,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,328,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,033,515.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,623,805.
5	Net unrealized gains (losses) on investments	5	863,656.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,520,976.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:			
<input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2b	Were the organization's financial statements audited by an independent accountant?	X	
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:			
<input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis			
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		

Form 990 (2023)

**SCHEDULE A**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.  
Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

<b>Name of the organization</b> <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	<b>Employer identification number</b> <b>13-1962771</b>
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**Part I Reason for Public Charity Status.** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
- g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7249397.
<b>6 Public support.</b> Subtract line 5 from line 4.						73046924.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	216,616.	150,477.	231,948.	235,698.	202,652.	1037391.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	10,383.	160,211.	149,397.	231,174.	213,523.	764,688.
<b>11 Total support.</b> Add lines 7 through 10						82098400.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	101,102.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	93.45 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
19b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
<b>b</b> A family member of a person described on line 11a above?		
<b>c</b> A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
<b>11a</b>		
<b>11b</b>		
<b>11c</b>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
<b>2</b> Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
<b>1</b>		

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally Integrated Supporting Organizations**

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
<b>2</b> Activities Test. Answer lines 2a and 2b below.			
<b>a</b> Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
<b>b</b> Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
<b>3</b> Parent of Supported Organizations. Answer lines 3a and 3b below.			
<b>a</b> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
<b>2a</b>			
<b>2b</b>			
<b>3a</b>			
<b>3b</b>			

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( *explain in Part VI*). **See instructions.**  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

<b>Section A - Adjusted Net Income</b>		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors ( <i>explain in detail in Part VI</i> ):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

**SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:**

**REIMBURSEMENTS**

2019 AMOUNT: \$ 10,383.

**EMPLOYEE RETENTION CREDIT**

2020 AMOUNT: \$ 128,927.

2021 AMOUNT: \$ 64,463.

**FUNDRAISING**

2020 AMOUNT: \$ 31,284.

2021 AMOUNT: \$ 84,934.

2022 AMOUNT: \$ 200,080.

2023 AMOUNT: \$ 213,523.

**MISCELLANEOUS**

2022 AMOUNT: \$ 31,094.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>538,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMERICAN PARKINSON DISEASE ASSOC. Employer identification number: 13-1962771

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate value of contributions to (during year), 3 Aggregate value of grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? (Yes/No), 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? (Yes/No)

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of a historically important land area, Preservation of a certified historic structure; 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year: a Total number of conservation easements, b Total acreage restricted by conservation easements, c Number of conservation easements on a certified historic structure included on line 2a, d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register; 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year; 4 Number of states where property subject to conservation easement is located; 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? (Yes/No); 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year; 8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? (Yes/No); 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.; 1b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X; 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	175,377.	175,377.	174,081.	173,077.	172,961.
b Contributions					
c Net investment earnings, gains, and losses			1,296.	1,004.	126.
d Grants or scholarships					
e Other expenditures for facilities and programs					10.
f Administrative expenses					
g End of year balance	175,377.	175,377.	175,377.	174,081.	173,077.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,071.		696,071.
b Buildings		2,820,627.	1,778,247.	1,042,380.
c Leasehold improvements		612,464.	250,572.	361,892.
d Equipment		170,244.	168,572.	1,672.
e Other		491,436.	153,295.	338,141.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,440,156.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,492,636.
(2) BENEFICIAL INTEREST IN REMAINDER TRUSTS	2,586,851.
(3) OPERATING LEASE RIGHT OF USE ASSET, NET	519,921.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,599,408.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	115,969.
(3) OPERATING LEASE LIABILITY	545,469.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	661,438.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	41,415,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	391,491.	
b	Donated services and use of facilities	2b	16,779,469.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	939,706.	
e	Add lines 2a through 2d	2e		18,110,666.
3	Subtract line 2e from line 1	3		23,305,291.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,275.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		56,275.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,361,566.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,518,786.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	16,779,469.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	467,541.	
e	Add lines 2a through 2d	2e		17,247,010.
3	Subtract line 2e from line 1	3		18,271,776.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,275.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		56,275.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,328,051.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

APDA IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. APDA HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.

OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX ("UBIT"). ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE MOST SIGNIFICANT JURISDICTIONS IN WHICH APDA IS

**Part XIII** Supplemental Information (continued)

REQUIRED TO FILE TAX RETURNS INCLUDE THE U.S. FEDERAL JURISDICTION AND THE STATE OF NEW YORK, ALTHOUGH APDA FILES IN ALMOST EVERY STATE. APDA IS SUBJECT TO EXAMINATION BY THE FEDERAL TAXING AUTHORITY UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. AS OF AUGUST 31, 2024, TAX YEARS ENDING IN 2021 THROUGH 2023 ARE OPEN TO EXAMINATION, WITH LIMITED EXCEPTIONS FOR VARIOUS STATES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	467,541.
CHANGE IN VALUE OF BENEFICIAL INTEREST	472,165.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	939,706.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	467,541.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH GRANTS TO ORGANIZATION	SCIENTIFIC RESEARCH RELATING TO PARKINSON DISEASE	37,500.
<b>3 a</b> Subtotal .....	0	0			37,500.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			37,500.

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEDICAL RESEARCH	37,500.	BANK TRANSFER/WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1

3 Enter total number of other organizations or entities ..... 0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

**Part IV Foreign Forms**

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
  
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
  
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
  
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
  
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
  
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

DUE TO THE TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE ANNUAL AUDIT, IT IS OBLIGATORY THAT THE RESEARCHER RECEIVING THE RESEARCH GRANT, PROVIDE AN ACCEPTABLE PROGRESS REPORT OF THEIR RESEARCH AFTER 6 MONTHS AND COMPLETE PROGRESS AND FINANCIAL REPORTS AFTER 12 MONTHS. FAILURE TO PURSUE THE RESEARCH OR PROVIDE ANY REPORT WILL ABATE PAYMENT OF THE GRANT. FURTHERMORE, IF THE REQUIRED REPORTS ARE NOT RECEIVED WITHIN 90 DAYS OF THEIR DUE DATE, THE GRANT RECIPIENT, WILL BE REQUIRED TO REFUND ALL MONIES GIVEN TO THEM AND CONSIDERED TO HAVE BREACHED THE GRANT AGREEMENT.

**PART I, LINE 3:**

EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL BASIS OF ACCOUNTING.

**SCHEDULE G  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information Regarding Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MOORE A SERIES, LLC - 4200 PARLIAMENT PLACE, SUITE 300,	FUNDRAISING COUNSEL		X	4,866,309.	528,971.	4,337,338.
<b>Total</b>				4,866,309.	528,971.	4,337,338.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

**AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, UT, VA, WA, WV, WI**

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		OPTIMISM WALKS (event type)	GALA (event type)	3 (total number)	(add col. (a) through col. (c))
Revenue	1	1,512,973.	781,449.	414,532.	2,708,954.
	2	1,512,973.	656,557.	325,901.	2,495,431.
	3		124,892.	88,631.	213,523.
Direct Expenses	4				
	5				
	6	7,550.	9,335.	2,000.	18,885.
	7	10,669.	589.	3,068.	14,326.
	8	3,649.	5,900.		9,549.
	9	145,689.	167,348.	111,744.	424,781.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-254,018.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			27,336.
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				27,336.

9 Enter the state(s) in which the organization conducts gaming activities: IA, MA, WA  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name CHRIS SALICCO

Address 2562 HYLAN BLVD, SUITE 61420 - STATEN ISLAND, NY 10306

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name CHRIS SALICCO

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MOORE A SERIES, LLC

(I) ADDRESS OF FUNDRAISER: \_\_\_\_\_

4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706



**Part IV** Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK DRIVE - BRONX, NY 10461	83-0621846	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
BARROW NEUROLOGICAL FOUNDATION/MUHAMMED ALI PARKINSON CENTER - 2910 N 3RD AVE STE 450 - PHOENIX, AZ 85013	86-0174371	501(C)(3)	50,000.	0.			COMMUNITY GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
BOSTON COLLEGE TRUSTEES DEPARTMENT OF NEUROLOGY AND NEURSCIENCE 72 EAST CONCORD STREET - BOSTON, MA	04-2103545	501(C)(3)	87,000.	0.			INFORMATION & REFERRAL
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	75,000.	0.			MEDICAL RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY HEALTH SCIENCE CENTER - 615 WEST 131ST STREET, 3RD FLOOR - NEW YORK, NY 10027	13-5598093	501(C)(3)	52,500.	0.			FELLOWSHIP GRANT - \$12,500 & MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$40,000
EAST CAROLINA UNIVERSITY MAIL STOP 203, 1000 EAST 5TH ST GREENVILLE, NC 27858	56-6000403	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY SCHOOL OF MEDICINE - 401 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30329	58-0566256	501(C)(3)	205,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC. - 707 NORTH BROADWAY - BALTIMORE, MD 21205	52-1524967	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD BALTIMORE, MD 21211	52-0595110	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	12,500.	0.			FELLOWSHIP
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	100,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE S.W. ATLANTA, GA 30310	58-1438873	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
NEW YORK UNIVERSITY 1 PARK AVE, 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	18,750.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY INSTITUTE OF TECHNOLOGY PO BOX 8000, NORTHERN BLVD. OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
NY PRESBYTERIAN BROOKLYN METHODIST DEPT. OF NEUROSCIENCE 263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215	11-1631796	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
PACIFIC NEUROSCIENCE INSTITUTE/SAINT JOHN - PROVIDENCE SAINT JOHN'S HEALTH CENTER 2125 ARIZONA AVENUE - SANTA MONICA, CA	95-6100079	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
PARKINSONS WELLNESS PROJECT INC. 71 POMONA RD SUFFERN, NY 10901	84-2819605	501(C)(3)	14,200.	0.			COMMUNITY GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF RESEARCH, 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	62,818.	0.			MEDICAL RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	175,000.	0.			MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000 & INFORMATION & REFERRAL - \$75,000
ST. CATHERINE OF SIENA HOSPITAL 500 COMMACK ROAD COMMACK, NY 11725	06-1562701	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
STANFORD UNIVERSITY MEDICAL CTR. 300 PASTEUR DRIVE, ROOM H-3144 STANFORD, CA 94305	94-1156365	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIVERSITY ILLINOIS URBANA-CHAMPAIGN - 506 S WRIGHT ST, 209 HAB, NO. MC339 - URBANA,	37-6000511	501(C)(3)	12,500.	0.			FELLOWSHIP
THE BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	187,500.	0.			COTZIAS - \$50,000, FELLOWSHIP GRANT - \$12,500, INFORMATION & REFERRAL - \$25,000,
THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)(3)	75,000.	0.			MEDICAL RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 110 INNER CAMPUS DRIVE, STOP K5300 - AUSTIN, TX 78712	74-6000203	GOV	22,750.	0.			MEDICAL RESEARCH - \$18,750 & COMMUNITY GRANT - \$4,000
TRUSTEES OF BOSTON UNIVERSITY 635 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	152,000.	0.			MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000 & REHAB CENTER GRANT - \$52,000
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR - PHILADELPHIA, PA 09104	23-1352685	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA @ BIRMINGHAM 801 5TH AVE SOUTH, ROOM 251 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	293,750.	0.			INFORMATION AND REFERRAL - \$100,000, MEDICAL RESEARCH GRANT - \$93,750 & MEDICAL
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE, MAIL CODE: CHICAGO, IL 60637	36-2177139	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
UNIVERSITY OF DENVER 2199 S. UNIVERSITY BOULEVARD DENVER, CO 80210	84-0404231	501(C)(3)	18,750.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 1523 UNION RD RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
UNIVERSITY OF MASSACHUSETTS LOWELL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	GOV	18,750.	0.			MEDICAL RESEARCH
UNIVERSITY OF MIAMI 1120 NW 14TH STREET, 13TH FLOOR, RO MIAMI, FL 33136	59-0624458	501(C)(3)	100,000.	0.			INFORMATION & REFERRAL
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	150,000.	0.			COTZIAS - \$50,000 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000
UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK STREET, SUITE 6301 MADISON, WI 53715	39-6006492	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
VANDERBILT UNIVERSITY PMB 406310, 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CB 1034 ST LOUIS, MO 63112	43-0653611	501(C)(3)	137,500.	0.			INFORMATION AND REFERRAL - \$25,000, FELLOWSHIP - \$12,500 & MEDICAL RESEARCH-ADVANCED CENTERS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

APDA HAS A SCIENTIFIC ADVISORY BOARD (SAB) THAT RECOMMENDS THE RECIPIENTS OF THE GRANTS, WHO ARE IN TURN APPROVED BY THE BOARD OF DIRECTORS. INITIAL FUNDING IS MADE BASED ON THE GRANT AND SUBSEQUENT PAYMENTS ARE MADE CONTINGENT ON PROGRESS REPORTS. FINAL REPORTS ARE MANDATORY FOR THE GRANTS AND ONLY AFTER THEIR RECEIPT IS FINAL PAYMENT DISBURSED. CENTERS FOR ADVANCED RESEARCH WHERE FUNDING EXTENDS OUT MORE THAN ONE YEAR SUBMIT ANNUAL PROGRESS REPORTS. INFORMATION AND REFERRAL CENTERS ARE MONITORED FOR VOLUME ACTIVITY AND

**Part IV** Supplemental Information

SIMILARLY, AFTER THE INITIAL PAYMENT, SUBSEQUENT PAYMENTS ARE CONTINGENT UPON RECEIPT OF PROGRESS REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIGHAM & WOMENS HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COTZIAS - \$50,000, FELLOWSHIP GRANT - \$12,500, INFORMATION & REFERRAL - \$25,000, MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ALABAMA @ BIRMINGHAM

(H) PURPOSE OF GRANT OR ASSISTANCE: INFORMATION AND REFERRAL - \$100,000, MEDICAL RESEARCH GRANT - \$93,750 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INFORMATION AND REFERRAL - \$25,000, FELLOWSHIP - \$12,500 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1b</b>		
<b>2</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	(i)	307,543.	0.	6,858.	39,898.	17,836.	372,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	(i)	187,629.	0.	1,528.	24,004.	30,894.	244,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA GILBERT CHIEF MISSION OFFICER	(i)	200,661.	0.	407.	25,516.	0.	226,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMM	(i)	151,686.	0.	292.	19,286.	14,652.	185,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM PATJANE REGIONAL DIRECTOR	(i)	134,002.	0.	673.	17,090.	28,527.	180,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEAN ALLENBACH REGIONAL DIRECTOR	(i)	138,651.	0.	262.	17,628.	17,976.	174,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE KRANE REGIONAL DIRECTOR	(i)	134,389.	0.	1,425.	17,235.	21,014.	174,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROSA PENA VP PROGRAMS AND SERVICES	(i)	137,362.	0.	716.	17,522.	2,982.	158,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Horizontal lines for supplemental information.

**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

Total ..... \$

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DAVID G. STANDAERT	NONVOTING MEMBER	293,750.	GRANTS	RESEARCH/ I&R
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID G. STANDAERT, MD, PHD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NONVOTING MEMBER, BOD

(C) AMOUNT OF GRANT \$ 293,750.

(D) TYPE OF ASSISTANCE: GRANTS

(E) PURPOSE OF ASSISTANCE: RESEARCH/ I&R

SCHEDULE L, PART III, LINE 1:

DAVID G. STANDAERT, MD, PHD IS A NONVOTING MEMBER OF THE BOARD OF

DIRECTORS OF APDA AND IS ALSO CHAIRMAN OF THE SCIENTIFIC ADVISORY

BOARD. IN ADDITION, THIS MEMBER HEADS THE DEPARTMENT OF NEUROLOGY AT

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND RECEIVED RESEARCH FUNDING

IN THE AMOUNT OF \$93,750, ADVANCED CENTER FUNDING IN THE AMOUNT OF

\$100,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF

\$100,000 FOR THE FISCAL YEARS ENDED AUGUST 31, 2024.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARKINSON'S DISEASE LIVE LIFE TO THE FULLEST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA) IS A NATIONWIDE  
GRASSROOTS NETWORK DEDICATED TO FIGHTING PARKINSON'S DISEASE (PD) AND  
WORKS TIRELESSLY TO HELP THE APPROXIMATELY ONE MILLION PEOPLE WITH PD  
IN THE UNITED STATES LIVE LIFE TO THE FULLEST IN THE FACE OF THIS  
CHRONIC, NEUROLOGICAL DISORDER. FOUNDED IN 1961, APDA HAS RAISED AND  
INVESTED MORE THAN \$282 MILLION TO PROVIDE OUTSTANDING PATIENT SERVICES  
AND EDUCATIONAL PROGRAMS, ELEVATE PUBLIC AWARENESS ABOUT THE DISEASE,  
AND SUPPORT RESEARCH DESIGNED TO UNLOCK THE MYSTERIES OF PD AND  
ULTIMATELY PUT AN END TO THIS DISEASE.

APDA PROVIDES EXTENSIVE IN-PERSON AND VIRTUAL PROGRAMS TO HELP EDUCATE,  
ENGAGE, AND SUPPORT PEOPLE WITH PARKINSON'S DISEASE AND THEIR CARE  
PARTNERS. APDA ALSO PROVIDES CRITICAL INFORMATION AND REFERRALS,  
ACTIVITIES TO PROMOTE PHYSICAL AND EMOTIONAL WELL-BEING, AND HELPS  
FOSTER A SENSE OF COMMUNITY THAT CAN GREATLY IMPROVE QUALITY OF LIFE.

AS WE LOOK TOWARDS A FUTURE WITHOUT PARKINSON'S DISEASE AND SUPPORT  
CUTTING-EDGE RESEARCH TO HELP REACH THAT GOAL, APDA IS COMMITTED TO  
SERVING PEOPLE WITH PARKINSON'S EVERY STEP OF THE WAY WITH HIGH-QUALITY  
PROGRAMS, RESPECT, AND COMPASSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRIBUTED SERVICES INCLUDE DONATED MEDIA (TELEVISION AND RADIO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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BROADCASTING AND OTHER FORMS OF MEDIA, INCLUDING PUBLIC SERVICE ANNOUNCEMENTS) VALUED AT \$16,779,469 FOR THE YEAR ENDED AUGUST 31, 2024. THE FAIR VALUE OF THE DONATED MEDIA IS DETERMINED BASED ON CONSIDERATION OF CASH PAYMENTS TYPICALLY MADE BY BUYERS FOR SIMILAR ADVERTISING AND MEDIA, STANDARD DISCOUNTS GIVEN FOR SIMILARLY PLACED MEDIA, THE MEDIA TYPE AND PLACEMENT AND OTHER CONSIDERATIONS. APDA DOES NOT RECOGNIZE ANY REVENUE OR EXPENSE FROM SERVICES CONTRIBUTED BY VOLUNTEERS BECAUSE IT DOES NOT MEET THE CRITERIA FOR RECOGNITION UNDER FASB ASC 958, NOT-FOR-PROFIT ENTITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES, IN 26 MARKETS AND 30 CONNECTING THROUGH ART PROGRAMS IN 22 MARKETS. APDA PROVIDES VETTED PD INFORMATION VIA FACTSHEETS AND BOOKLETS WITH 179,000 DOWNLOADS AND MAILINGS ACROSS THE US.

FORM 990, PART VI, SECTION A, LINE 2:

1. ELIZABETH BRAUN - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELENA IMPERATO.
2. LISA ESPOSITO - BOARD MEMBER. SHE IS A SISTER TO SECRETARY SALLY ANN ESPOSITO BROWNE.
3. ELENA MAESTRONE IMPERATO - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELIZABETH BRAUN.
4. SALLY ANN ESPOSITO BROWNE - SECRETARY. SHE IS A SISTER TO BOARD MEMBER LISA ESPOSITO.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED IN DETAIL BY FINANCE AND AUDIT COMMITTEES AND DISTRIBUTED ELECTRONICALLY TO ALL OTHER BOARD MEMBERS PRIOR TO FILING.

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
---	--

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY SIGNED BY THE BOARD ANNUALLY. MEMBERS RECUSE THEMSELVES FROM VOTING IF THERE IS POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

INDEPENDENT COMPENSATION COMMITTEE FORMED TO APPROVE THE SALARIES OF THE PRESIDENT/ CEO AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY, OH, OK, RI, TN, TX, UT, VT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 AVAILABLE UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON THE IRS WEBSITE - [HTTPS://APPS.IRS.GOV/APP/EOS/](https://apps.irs.gov/app/eos/) AND [WWW.GUIDESTAR.COM](http://WWW.GUIDESTAR.COM)

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AVAILABLE ON WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND POLICIES PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR ENDED 8/31/24, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN INDEPENDENT AUDITOR.



Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY

TAXABLE YEAR  
**2023**

# California e-file Return Authorization for Exempt Organizations

FORM  
**8453-EO**

Exempt Organization name	Identifying number
<b>AMERICAN PARKINSON DISEASE ASSOC.</b>	<b>13-1962771</b>

**Part I Electronic Return Information** (whole dollars only)

1 Total gross receipts or unrelated business taxable income (Form 199, line 4 or Form 109, line 5)	1	<b>35,244,079</b>
2 Total gross income or total tax (Form 199, line 8 or Form 109, line 14)	2	<b>23,829,107</b>
3 Total expenses and disbursements (Form 199, line 9)	3	<b>18,795,592</b>
4 Tax due (Form 109, line 23)	4	
5 Overpayment (Form 109, line 24)	5	

**Part II Settle Your Account Electronically for Taxable Year 2023**

6 <input type="checkbox"/> Direct Deposit of refund (Form 109 only.)		
7 <input type="checkbox"/> Electronic funds withdrawal	7a Amount	7b Withdrawal date (mm/dd/yyyy)

**Part III Schedule of Estimated Tax Payments for Taxable Year 2024** (These are NOT installment payments for the current amount the exempt organization owes.)

	First Payment	Second Payment	Third Payment	Fourth Payment
8 Amount				
9 Withdrawal Date				

**Part IV Banking Information** (Have you verified the exempt organization's banking information?)

10 Routing number	
11 Account number	12 Type of account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings

**Part V Declaration of Officer**

I authorize the exempt organization's account to be settled as designated in Part II. If I check Part II, box 6, I declare that the bank account specified in Part IV for the direct deposit refund agrees with the authorization stated on my return. If I check Part II, box 7, I authorize an electronic funds withdrawal for the amount listed on line 7a and any estimated payment amounts listed on Part III, line 8 from the bank account specified in Part IV.

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that the information I provided to my electronic return originator (ERO), transmitter, or intermediate service provider and the amounts in Part I above agree with the amounts on the corresponding lines of the exempt organization's 2023 California electronic return. To the best of my knowledge and belief, the exempt organization's return is true, correct, and complete. If the exempt organization is filing a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of the exempt organization's tax liability, the exempt organization will remain liable for the tax liability and all applicable interest and penalties. I authorize the exempt organization return and accompanying schedules and statements be transmitted to the FTB by the ERO, transmitter, or intermediate service provider. **If the processing of the exempt organization's return or refund is delayed, I authorize the FTB to disclose to the ERO or intermediate service provider the reason(s) for the delay or the date when the refund was sent.**

<b>Sign Here</b>			
	Signature of officer	Date	<b>PRESIDENT/CEO</b>

**Part VI Declaration of Electronic Return Originator (ERO) and Paid Preparer.**

I declare that I have reviewed the above exempt organization's return and that the entries on form FTB 8453-EO are complete and correct to the best of my knowledge. (If I am only an intermediate service provider, I understand that I am not responsible for reviewing the exempt organization's return. I declare, however, that form FTB 8453-EO accurately reflects the data on the return.) I have obtained the organization officer's signature on form FTB 8453-EO before transmitting this return to the FTB. I have provided the organization officer with a copy of all forms and information that I will file with the FTB, and I have followed all other requirements described in FTB Pub. 1345, 2023 Handbook for Authorized e-file Providers. I will keep form FTB 8453-EO on file for **four** years from the due date of the return or **four** years from the date the exempt organization return is filed, whichever is later, and I will make a copy available to the FTB upon request. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above exempt organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>ERO</b>	ERO's signature	Date	Check if also paid preparer <input type="checkbox"/>	Check if self-employed <input type="checkbox"/>	ERO's PTIN <b>P01597612</b>
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>WISS &amp; COMPANY, LLP</b> <b>100 CAMPUS DRIVE</b> <b>FLORHAM PARK, NJ</b>			Firm's FEIN <b>22-1732349</b> ZIP code <b>07932</b>

Under penalties of perjury, I declare that I have examined the above organization's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. I make this declaration based on all information of which I have knowledge.

<b>Paid Preparer</b>	Paid preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Paid preparer's PTIN <b>P01597612</b>	
<b>Must Sign</b>	Firm's name (or yours if self-employed) and address	<b>WISS &amp; COMPANY, LLP</b> <b>100 CAMPUS DRIVE</b> <b>FLORHAM PARK, NJ</b>			Firm's FEIN <b>22-1732349</b> ZIP code <b>07932</b>

**ANNUAL REGISTRATION RENEWAL FEE REPORT  
TO ATTORNEY GENERAL OF CALIFORNIA**  
Sections 12586 and 12587, California Government Code  
11 Cal. Code Regs. sections 301-307, and 310

Failure to submit this report annually no later than four months and fifteen days after the end of the organization's accounting period may result in the loss of tax exemption and the assessment of a minimum tax of \$800, plus interest, and/or fines or filing penalties. Revenue & Taxation Code section 23703; Government Code section 12586.1. IRS extensions will be honored.

MAIL TO:  
Registry of Charities and Fundraisers  
P.O. Box 903447  
Sacramento, CA 94203-4470  
STREET ADDRESS:  
1300 I Street  
Sacramento, CA 95814  
WEBSITE ADDRESS:  
[www.oag.ca.gov/charities](http://www.oag.ca.gov/charities)

<p><u>AMERICAN PARKINSON DISEASE ASSOC.</u> Name of Organization</p> <hr/> <p>List all DBAs and names the organization uses or has used</p> <p><u>2562 HYLAN BLVD, NO. 61420</u> Address (Number and Street)</p> <p><u>STATEN ISLAND, NY 10306</u> City or Town, State, and ZIP Code</p> <p><u>718-981-8001</u>      <u>APDA@APDAPARKINSON.ORG</u> Telephone Number      E-mail Address</p>	<p>Check if:</p> <p><input type="checkbox"/> Change of address</p> <p><input type="checkbox"/> Amended report</p> <p><input type="checkbox"/> Organization requests email notifications</p> <hr/> <p>State Charity Registration Number <u>063671</u></p> <p>Corporation or Organization No. _____</p> <p>Federal Employer ID No. <u>13-1962771</u></p>
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**ANNUAL REGISTRATION RENEWAL FEE SCHEDULE (11 Cal. Code Regs. sections 301-307, and 310)**  
Make Check Payable to Department of Justice

Total Revenue	Fee	Total Revenue	Fee	Total Revenue	Fee
Less than \$50,000	\$25	Between \$250,001 and \$1 million	\$100	Between \$20,000,001 and \$100 million	\$800
Between \$50,000 and \$100,000	\$50	Between \$1,000,001 and \$5 million	\$200	Between \$100,000,001 and \$500 million	\$1,000
Between \$100,001 and \$250,000	\$75	Between \$5,000,001 and \$20 million	\$400	Greater than \$500 million	\$1,200

**PART A - ACTIVITIES**

For your most recent full accounting period (beginning 09/01/2023 ending 08/31/2024 ) list:

Total Revenue (including noncash contributions) \$ 23,361,566 Noncash Contributions \$ 19,200 Total Assets \$ 30,317,278  
 Program Expenses \$ 13,326,703 Total Expenses \$ 18,328,051

**PART B - STATEMENTS REGARDING ORGANIZATION DURING THE PERIOD OF THIS REPORT**

**Note: All questions must be answered. If you answer "yes" to any of the questions below, you must attach a separate page providing an explanation and details for each "yes" response. Please review RRF-1 instructions for information required.**

	Yes	No
1. During this reporting period, were there any contracts, loans, leases or other financial transactions between the organization and any officer, director or trustee thereof, either directly or with an entity in which any such officer, director or trustee had any financial interest? <p style="text-align: right;"><b>SEE STATEMENT 12</b></p>	<b>X</b>	
2. During this reporting period, was there any theft, embezzlement, diversion or misuse of the organization's charitable property or funds?		<b>X</b>
3. During this reporting period, were any organization funds used to pay any penalty, fine or judgment?		<b>X</b>
4. During this reporting period, were the services of a commercial fundraiser, fundraising counsel for charitable purposes, or commercial coventurer used? <p style="text-align: right;"><b>SEE STATEMENT 13</b></p>	<b>X</b>	
5. During this reporting period, did the organization receive any governmental funding?		<b>X</b>
6. During this reporting period, did the organization hold a raffle for charitable purposes? <p style="text-align: right;"><b>SEE STATEMENT 14</b></p>	<b>X</b>	
7. Does the organization conduct a vehicle donation program?		<b>X</b>
8. Did the organization conduct an independent audit and prepare audited financial statements in accordance with generally accepted accounting principles for this reporting period?	<b>X</b>	
9. At the end of this reporting period, did the organization hold restricted net assets, while reporting negative unrestricted net assets?		<b>X</b>

**I declare under penalty of perjury that I have examined this report, including accompanying documents, and to the best of my knowledge and belief, the content is true, correct and complete, and I am authorized to sign.**

<u>LESLIE CHAMBERS</u>	<u>PRESIDENT/CEO</u>		
Signature of Authorized Agent	Printed Name	Title	Date

CA RRF-1

EXPLANATION OF FINANCIAL TRANSACTIONS  
PART B, LINE 1

STATEMENT 12

DAVID G. STANDAERT, MD, PHD IS A NONVOTING MEMBER OF THE BOARD OF DIRECTORS OF APDA AND IS ALSO CHAIRMAN OF THE SCIENTIFIC ADVISORY BOARD. IN ADDITION, THIS MEMBER HEADS THE DEPARTMENT OF NEUROLOGY AT THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND RECEIVED RESEARCH FUNDING IN THE AMOUNT OF \$93,750, ADVANCED CENTER FUNDING IN THE AMOUNT OF \$100,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF \$100,000 FOR THE FISCAL YEARS ENDED AUGUST 31, 2024.

CA RRF-1

INFORMATION REGARDING COMMERCIAL  
FUNDRAISING SERVICES  
PART B, LINE 4

STATEMENT 13

FUNDRAISING COUNSEL/CONSULTANT

1. DIRECT MAIL PROCESSORS, INC.  
1150 CONRAD COURT  
HAGERSTOWN, MD 21740  
START DATE: 08/01/2019  
END DATE: 05/31/2026

2. MOORE A SERIES, LLC  
4200 PARLIAMENT PLACE, SUITE 300  
LANHAM, MD 20706  
START DATE: 06/01/2019  
END DATE: 05/31/2026

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CA RRF-1

EXPLANATION OF CHARITABLE RAFFLES  
PART B, LINE 6

STATEMENT 14

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SEVERAL RAFFLES WERE HELD AT DIFFERENT CHAPTERS AT VARIOUS TIMES DURING THE FISCAL YEAR. NONE OF THESE RAFFLES TOOK PLACE IN CALIFORNIA.

**Application for Extension of Time To File an Exempt Organization  
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury  
Internal Revenue Service

File a separate application for each return.  
Go to [www.irs.gov/Form8868](http://www.irs.gov/Form8868) for the latest information.

**Electronic filing (e-file).** You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit [www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits](http://www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits).

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

**Part I - Identification**

<b>Type or Print</b>	Name of exempt organization, employer, or other filer, see instructions. <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Taxpayer identification number (TIN) <b>13-1962771</b>
	Number, street, and room or suite no. If a P.O. box, see instructions. <b>2562 HYLAN BLVD, 61420</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>STATEN ISLAND, NY 10306</b>	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name \_\_\_\_\_  
Plan Number \_\_\_\_\_  
Plan Year Ending (MM/DD/YYYY) \_\_\_\_\_

**Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)**

The books are in the care of **CHRIS SALICCO**  
**2562 HYLAN BLVD, SUITE 61420 - STATEN ISLAND, NY 10306**

Telephone No. **347-329-1396** Fax No. \_\_\_\_\_

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and TINs of all members the extension is for.

**1** I request an automatic 6-month extension of time until **JULY 15**, 20 **25**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 calendar year 20 \_\_\_\_ or  
 tax year beginning **SEP 1**, 20 **23**, and ending **AUG 31**, 20 **24**

**2** If the tax year entered in line 1 is for less than 12 months, check reason:  Initial return  Final return  
 Change in accounting period

<b>3a</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$	0.
<b>b</b> If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$	0.
<b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat, select the "Actual Size" in the Adobe "Print" dialog.

STATE COPY



# CHAR500

NYS Annual Filing for Charitable Organizations  
www.CharitiesNYS.com

Send with fee and attachments to:  
NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

## 2023

**Open to Public  
Inspection**

### 1. General Information

For Fiscal Year Beginning (mm/dd/yyyy) <b>09/01/2023</b> and Ending (mm/dd/yyyy) <b>08/31/2024</b>		
Check if Applicable: <input type="checkbox"/> Address Change <input type="checkbox"/> Name Change <input type="checkbox"/> Initial Filing <input type="checkbox"/> Final Filing <input type="checkbox"/> Amended Filing <input type="checkbox"/> Reg ID Pending	Name of Organization: <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer Identification Number (EIN): <b>13-1962771</b>
	Mailing Address: <b>2562 HYLAN BLVD, NO. 61420</b>	NY Registration Number: <b>01-23-58</b>
	City / State / ZIP: <b>STATEN ISLAND, NY 10306</b>	Telephone: <b>718 981-8001</b>
	Website: <b>WWW.APDAPARKINSON.ORG</b>	Email: <b>APDA@APDAPARKINSON.</b>

Check your organization's registration category:  7A only  EPTL only  DUAL (7A & EPTL)  EXEMPT\* Confirm your Registration Category in the Charities Registry at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

### 2. Certification

See instructions for certification requirements. Improper certification is a violation of law that may be subject to penalties. The certification requires two signatories.

*We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.*

President or Authorized Officer:

Signature

**LESLIE CHAMBERS**  
**PRESIDENT/CEO**

Print Name and Title

Date

Chief Financial Officer or Treasurer:

Signature

**PATRICK MCDERMOTT**  
**TREASURER**

Print Name and Title

Date

### 3. Annual Reporting Exemption

Check the exemption(s) that apply to your filing. If your organization is claiming an exemption under one category (7A or EPTL only filers) or both categories (DUAL filers) that apply to your registration, complete only parts 1, 2, and 3, and submit the certified Char500. No fee, schedules, or additional attachments are required. If you cannot claim an exemption or are a DUAL filer that claims only one exemption, you must file applicable schedules and attachments and pay applicable fees.

**3a. 7A filing exemption:** Total contributions from NY State including residents, foundations, government agencies, etc. did not exceed \$25,000 and the organization did not engage a professional fund raiser (PFR) or fund raising counsel (FRC) to solicit contributions during the fiscal year.

**3b. EPTL filing exemption:** Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year.

### 4. Schedules and Attachments

See the following page for a checklist of schedules and attachments to complete your filing.

Yes  No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a.  
 Yes  No 4b. Did the organization receive government grants? If yes, complete Schedule 4b.

### 5. Fee

See the checklist on the next page to calculate your fee(s). Indicate fee(s) you are submitting here:	7A filing fee: \$ <u>25.</u>	EPTL filing fee: \$ <u>750.</u>	Total fee: \$ <u>775.</u>	Make a single check or money order payable to: <b><u>"Department of Law"</u></b>
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CHAR500 Annual Filing for Charitable Organizations (Updated January 2022)

\*The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

# CHAR500

## Annual Filing Checklist

- Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:
- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
  - Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
  - Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

### Checklist of Schedules and Attachments

Check the schedules you must submit with your CHAR500 as described in Part 4:

- If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raisers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV)
- If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants

Check the financial attachments you must submit with your CHAR500:

- IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable
- All additional IRS Form 990 Schedules, including Schedule B (Schedule of Contributors). Schedule B of public charities is exempt from disclosure and will not be available for public review.
- Our organization was eligible for and filed an IRS 990-N e-postcard. Our revenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the filing year. We have included an IRS Form 990-EZ for state purposes only.

If you are a 7A only or DUAL filer, submit the applicable independent Certified Public Accountant's Review or Audit Report:

- Review Report if you received total revenue and support greater than \$250,000 and up to \$1,000,000
- Audit Report if you received total revenue and support greater than \$1,000,000 and the fiscal year begins on or after July 1, 2021.  
If the fiscal year begins before that date, an Audit Report is required if total revenue and support is greater than \$750,000
- No Review Report or Audit Report is required because total revenue and support is less than \$250,000
- We are a DUAL filer and checked box 3a, no Review Report or Audit Report is required

### Calculate Your Fee

For 7A and DUAL filers, calculate the 7A fee:

- \$0, if you checked the 7A exemption in Part 3a
- \$25, if you did not check the 7A exemption in Part 3a

For EPTL and DUAL filers, calculate the EPTL fee:

- \$0, if you checked the EPTL exemption in Part 3b
- \$25, if the NET WORTH is less than \$50,000
- \$50, if the NET WORTH is \$50,000 or more but less than \$250,000
- \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000
- \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000
- \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000
- \$1500, if the NET WORTH is \$50,000,000 or more

### Send Your Filing

Send your CHAR500, all schedules and attachments, and total fee to:

NYS Office of the Attorney General  
Charities Bureau Registration Section  
28 Liberty Street  
New York, NY 10005

#### Need Assistance?

Visit: [www.CharitiesNYS.com](http://www.CharitiesNYS.com)  
Call: (212) 416-8401  
Email: [Charities.Bureau@ag.ny.gov](mailto:Charities.Bureau@ag.ny.gov)

#### Is my Registration Category 7A, EPTL, DUAL or EXEMPT?

Organizations are assigned a Registration Category upon registration with the NY Charities Bureau:

**7A** filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A")

**EPTL** filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY.

**DUAL** filers are registered under both 7A and EPTL.

**EXEMPT** filers have registered with the NY Charities Bureau and meet conditions in **Schedule E - Registration Exemption for Charitable Organizations**. These organizations are not required to file annual financial reports but may do so voluntarily.

Confirm your Registration Category and learn more about NY law at [www.CharitiesNYS.com](http://www.CharitiesNYS.com).

#### Where do I find my organization's NET WORTH?

NET WORTH for fee purposes is calculated on:

- IRS Form 990 Part I, line 22
- IRS Form 990 EZ Part I, line 21
- IRS Form 990 PF, calculate the difference between Total Assets at Fair Market Value (Part II, line 16(c)) and Total Liabilities (Part II, line 23(b)).

# CHAR500

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers  
www.CharitiesNYS.com

## 2023

**Open to Public  
Inspection**

If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

### Definitions

A **Professional Fund Raiser (PFR)**, in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A **Fund Raising Counsel (FRC)** does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

**Professional fund raising** does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

### 1. Organization Information

Name of Organization:	NY Registration Number:
AMERICAN PARKINSON DISEASE ASSOC.	01-23-58

### 2. Professional Fund Raiser, Fund Raising Counsel, Commercial Co-Venturer Information

Fund Raising Professional type:	Name of FRP:	NY Registration Number:
<input type="checkbox"/> Professional Fund Raiser	MOORE, A SERIES LLC	49-61-57
<input checked="" type="checkbox"/> Fund Raising Counsel	Mailing Address:	Telephone:
<input type="checkbox"/> Commercial Co-Venturer	4200 PARLIAMENT PLACE, SUITE 300	918-925-0124
	City / State / ZIP:	
	LANHAM, MD 20706	

### 3. Contract Information

Contract Start Date:	Contract End Date:
06/01/2019	05/31/2026

### 4. Description of Services

Services provided by FRP:  
FUNDRAISING COUNSEL TO ASSIST WITH DIRECT MAIL CAMPAIGNS.

### 5. Description of Compensation

Compensation arrangement with FRP: PAID MONTHLY RETAINER FOR CONSULTING SERVICES.	Amount Paid to FRP: 528,971.
--	---------------------------------

### 6. Commercial Co-Venturer (CCV) Report

Yes  No If services were provided by a CCV, did the CCV provide the charitable organization with the interim or closing report(s) required by Section 173(a) part 3 of the Executive Law Article 7A?

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Form **990**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)  
 Do not enter social security numbers on this form as it may be made public.  
 Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

**2023**

Open to Public Inspection

**A** For the 2023 calendar year, or tax year beginning **SEP 1, 2023** and ending **AUG 31, 2024**

<b>B</b> Check if applicable:  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <b>AMERICAN PARKINSON DISEASE ASSOC.</b> Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>2562 HYLAN BLVD 61420</b> City or town, state or province, country, and ZIP or foreign postal code <b>STATEN ISLAND, NY 10306</b> <b>F</b> Name and address of principal officer: <b>LESLIE CHAMBERS</b> <b>SAME AS C ABOVE</b>	<b>D</b> Employer identification number <b>13-1962771</b> <b>E</b> Telephone number <b>718-981-8001</b> <b>G</b> Gross receipts \$ <b>35,244,079.</b> <b>H(a)</b> Is this a group return for subordinates? ..... <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions <b>H(c)</b> Group exemption number
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
<b>J</b> Website: <b>WWW.APDAPARKINSON.ORG</b>		
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		<b>L</b> Year of formation: <b>1961</b>
<b>M</b> State of legal domicile: <b>NY</b>		

**Part I Summary**

	<b>1</b>	Briefly describe the organization's mission or most significant activities: <b>EVERY DAY WE PROVIDE THE SUPPORT, EDUCATION, AND RESEARCH THAT WILL HELP EVERYONE IMPACTED BY</b>		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
<b>Activities &amp; Governance</b>	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	<b>11</b>
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	<b>11</b>
	<b>5</b>	Total number of individuals employed in calendar year 2023 (Part V, line 2a)	<b>5</b>	<b>55</b>
	<b>6</b>	Total number of volunteers (estimate if necessary)	<b>6</b>	<b>550</b>
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	<b>0.</b>
	<b>7b</b>	Net unrelated business taxable income from Form 990-T, Part I, line 11	<b>7b</b>	<b>0.</b>
	<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h)	<b>Prior Year</b> 13,177,640.
<b>9</b>		Program service revenue (Part VIII, line 2g)	0.	0.
<b>10</b>		Investment income (Part VIII, column (A), lines 3, 4, and 7d)	37,254.	824,494.
<b>11</b>		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-282,929.	-192,847.
<b>12</b>		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,931,965.	23,361,566.
<b>Expenses</b>		<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,793,743.
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	5,299,739.	6,760,306.
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e)	212,508.	201,489.
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25)	2,839,389.	
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	6,051,114.	7,474,876.
	<b>18</b>	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	15,357,104.	18,328,051.
	<b>19</b>	Revenue less expenses. Subtract line 18 from line 12	-2,425,139.	5,033,515.
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16)	<b>Beginning of Current Year</b> 23,456,567.	<b>End of Year</b> 30,317,278.
	<b>21</b>	Total liabilities (Part X, line 26)	2,832,762.	3,796,302.
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20	20,623,805.	26,520,976.

**Part II Signature Block**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer <b>LESLIE CHAMBERS, PRESIDENT/CEO</b> Type or print name and title	Date
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>DIANA MILLER</b>	Preparer's signature
	Firm's name <b>WISS &amp; COMPANY, LLP</b>	Date
	Firm's address <b>100 CAMPUS DRIVE FLORHAM PARK, NJ 07932</b>	Check if self-employed <input type="checkbox"/> PTIN <b>P01597612</b>
		Firm's EIN <b>22-1732349</b> Phone no. <b>973-994-9400</b>

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: SEE SCHEDULE O

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code: ) (Expenses \$ 5,945,434. including grants of \$ ) (Revenue \$ ) PUBLIC AWARENESS - APDA CURRENTLY PROVIDES (ON-LINE AND IN PRINT) MORE THAN 56 FREE EDUCATIONAL PUBLICATIONS, 34 IN ENGLISH, 19 IN SPANISH, AND 3 IN SIMPLIFIED CHINESE TO ADDRESS MEDICAL AND SOCIAL ASPECTS OF THE DIAGNOSIS, TREATMENT, AND CARE OF PEOPLE WITH PARKINSON DISEASE. THESE PUBLICATIONS AND ADDITIONAL INFORMATION DISTRIBUTED THROUGH APDA'S 14 CHAPTERS (12 OF WHICH ARE FULLY ACTIVE), 11 INFORMATION & REFERRAL CENTERS, EXTENSIVE WEBSITE, AND "800" TELEPHONE HELPLINE. APDA ALSO RAISES AWARENESS THROUGH TELEVISION PUBLIC SERVICE ANNOUNCEMENT (PSA) CAMPAIGNS ENTITLED "LIVE WITH OPTIMISM," "LOOK CLOSER," AND "MIRA MAS DE CERCA" THAT HAVE AIRED NATIONWIDE SINCE 2015. APPROXIMATELY 240,000 NEWSLETTERS ARE MAILED ANNUALLY, AND ADDITIONAL 420,000 SENT VIA EMAIL.

4b (Code: ) (Expenses \$ 4,600,313. including grants of \$ 1,928,238. ) (Revenue \$ ) PATIENT SERVICES AND EDUCATIONAL PROGRAMS - APDA AIMS TO SUPPORT EVERY PERSON AND EVERY FAMILY IMPACTED BY PARKINSON'S. THROUGH ITS NATIONWIDE SYSTEM OF CHAPTERS, INFORMATION & REFERRAL (I&R) CENTERS, AND COMMUNITY PARTNERS. APDA UNIQUELY DELIVERS EDUCATION, SUPPORT AND PATIENT SERVICES TO ANYONE WITH PARKINSON'S DISEASE AND THEIR FAMILIES EACH DAY. 11 INFORMATION AND REFERRAL CENTERS ARE GRANT FUNDED ALONG WITH COMMUNITY GRANTS ACROSS IN THE US TO EXPAND THE REACH IN UNDERSERVED COMMUNITIES. APDA CONDUCTED OVER 30 PATIENT EDUCATION WEBINARS VIRTUALLY AND IN PERSON REGARDING EDUCATION ON TOPICS THAT ADDRESS THE SYMPTOMS, TREATMENTS, AND CHALLENGES OF LIVING WITH PARKINSON'S DISEASE AND HAS REACHED OVER 93,996 VIEWS. APDA OFFERED 33 NATIONAL SUPPORT GROUP PROGRAMS "PRESS", PARKINSON'S ROADMAP FOR EDUCATION AND SUPPORT

4c (Code: ) (Expenses \$ 2,780,956. including grants of \$ 1,963,142. ) (Revenue \$ ) RESEARCH - APDA PROUDLY INVESTS IN EIGHT CENTERS FOR ADVANCED RESEARCH AND SUPPORTS GRANTS TO FUND THE MOST PROMISING SCIENCE FOCUSED ON DISCOVERING THE CAUSE(S) AND FINDING THE CURE FOR PARKINSON'S DISEASE. SINCE ITS FOUNDING IN 1961, APDA HAS BEEN A FUNDING PARTNER IN MANY OF THE MAJOR PD SCIENTIFIC BREAKTHROUGHS.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )

4e Total program service expenses 13,326,703.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and schedules A through I.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....	X	
<b>28</b> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
<b>a</b> A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....		X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36 Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? .....	X	

**Note:** All Form 990 filers are required to complete Schedule O

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

Check if Schedule O contains a response or note to any line in this Part V

	Yes	No
<b>1a</b> Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable .....		
<b>b</b> Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable .....		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? .....	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee reporting, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.



Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 11; 1b Enter the number of voting members included... 11; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes... X; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [X] Another's website [X] Upon request [ ] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
CHRIS SALICCO - 347-329-1396
2562 HYLAN BLVD, SUITE 61420, STATEN ISLAND, NY 10306

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	40.00			X			314,401.	0.	57,734.	
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	40.00			X			189,157.	0.	54,898.	
(3) REBECCA GILBERT CHIEF MISSION OFFICER	32.00			X			201,068.	0.	25,516.	
(4) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMM	40.00					X	151,978.	0.	33,938.	
(5) WILLIAM PATJANE REGIONAL DIRECTOR	40.00					X	134,675.	0.	45,617.	
(6) JEAN ALLENBACH REGIONAL DIRECTOR	40.00					X	138,913.	0.	35,604.	
(7) CATHERINE KRANE REGIONAL DIRECTOR	40.00					X	135,814.	0.	38,249.	
(8) ROSA PENA VP PROGRAMS AND SERVICES	40.00					X	138,078.	0.	20,504.	
(9) BERNARD BATTISTA CHAIRMAN	1.50	X		X			0.	0.	0.	
(10) DONNA J.C. FANELLI, DNP VICE CHAIR	1.50	X		X			0.	0.	0.	
(11) PATRICK MCDERMOTT TREASURER	1.50	X		X			0.	0.	0.	
(12) SALLY ANN ESPOSITO BROWNE SECRETARY	1.50	X		X			0.	0.	0.	
(13) THOMAS K. PENETT, ESQ. EXECUTIVE COMMITTEE MEMBER	1.50	X		X			0.	0.	0.	
(14) ATHOL COCHRANE DIRECTOR	0.50	X					0.	0.	0.	
(15) DAVID G. STANDAERT, MD, PHD DIRECTOR	0.50	X					0.	0.	0.	
(16) ELENA MAESTRONE IMPERATO DIRECTOR	0.50	X					0.	0.	0.	
(17) ELIZABETH BRAUN, RN DIRECTOR	0.50	X					0.	0.	0.	

**Part VII** Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) LISA ESPOSITO, DVM DIRECTOR	0.50	X						0.	0.	0.
(19) MARIO J. ESPOSITO, JR. DIRECTOR	0.50	X						0.	0.	0.
(20) TOM LIODICE DIRECTOR	0.50	X						0.	0.	0.
<b>1b Subtotal</b> .....								1,404,084.	0.	312,060.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								1,404,084.	0.	312,060.

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 10

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> .....		X
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> .....	X	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> .....		X

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SOUTHWEST PUBLISHING 4000 SE ADAMS ST, TOPEKA, KS 66609	DIRECT MAIL VENDOR	2,082,741.
MOORE A SERIES, LLC 4200 PARLIAMENT PLACE, LANHAM, MD 20706	DIRECT MAIL CONSULTANTS	528,971.
WISS & COMPANY, LLP, 100 CAMPUS DRIVE, SUITE 400, FLORHAM PARK, NJ 07932	AUDIT, TAX & NETSUITE IT SERVICES	289,870.
PERLMAN & PERLMAN, LLP, 521 5TH AVENUE, 30TH FLOOR, NEW YORK, NY 10175	LEGAL SERVICES	167,391.
YOUR PART-TIME CONTROLLER, LLC, 1500 WALNUT STREET, SUITE 1200, PHILADELPHIA,	ACCOUNTING SERVICES	135,944.

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 5

**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	<b>1 a</b>	Federated campaigns	147,592.				
	<b>1 b</b>	Membership dues					
	<b>1 c</b>	Fundraising events	2,495,431.				
	<b>1 d</b>	Related organizations					
	<b>1 e</b>	Government grants (contributions)					
	<b>1 f</b>	All other contributions, gifts, grants, and similar amounts not included above	20,086,896.				
	<b>1 g</b>	Noncash contributions included in lines 1a-1f	\$ 19,200.				
	<b>1 h</b>	<b>Total.</b> Add lines 1a-1f		22,729,919.			
Program Service Revenue	<b>2 a</b>						
	<b>2 b</b>						
	<b>2 c</b>						
	<b>2 d</b>						
	<b>2 e</b>						
	<b>2 f</b>	All other program service revenue					
	<b>2 g</b>	<b>Total.</b> Add lines 2a-2f					
Other Revenue	<b>3</b>	Investment income (including dividends, interest, and other similar amounts)		168,817.		168,817.	
	<b>4</b>	Income from investment of tax-exempt bond proceeds					
	<b>5</b>	Royalties					
	<b>6 a</b>	Gross rents	(i) Real	33,835.			
			(ii) Personal				
	<b>6 b</b>	Less: rental expenses	0.				
	<b>6 c</b>	Rental income or (loss)	33,835.				
		<b>d</b>	Net rental income or (loss)		33,835.		33,835.
	<b>7 a</b>	Gross amount from sales of assets other than inventory	(i) Securities	12,070,649.			
			(ii) Other				
	<b>7 b</b>	Less: cost or other basis and sales expenses	11,414,972.				
	<b>7 c</b>	Gain or (loss)	655,677.				
		<b>d</b>	Net gain or (loss)		655,677.		655,677.
<b>8 a</b>	Gross income from fundraising events (not including \$ 2,495,431. of contributions reported on line 1c). See Part IV, line 18		213,523.				
<b>8 b</b>	Less: direct expenses	467,541.					
	<b>c</b>	Net income or (loss) from fundraising events		-254,018.		-254,018.	
<b>9 a</b>	Gross income from gaming activities. See Part IV, line 19		27,336.				
<b>9 b</b>	Less: direct expenses	0.					
	<b>c</b>	Net income or (loss) from gaming activities		27,336.		27,336.	
<b>10 a</b>	Gross sales of inventory, less returns and allowances						
<b>10 b</b>	Less: cost of goods sold						
	<b>c</b>	Net income or (loss) from sales of inventory					
Miscellaneous Revenue	<b>11 a</b>						
	<b>11 b</b>						
	<b>11 c</b>						
	<b>11 d</b>	All other revenue					
	<b>11 e</b>	<b>Total.</b> Add lines 11a-11d					
<b>12</b>	<b>Total revenue.</b> See instructions		23,361,566.	0.	0.	631,647.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	3,853,880.	3,853,880.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 .....				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .....	37,500.	37,500.		
<b>4</b> Benefits paid to or for members .....				
<b>5</b> Compensation of current officers, directors, trustees, and key employees .....	887,085.	646,685.	116,297.	124,103.
<b>6</b> Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .....				
<b>7</b> Other salaries and wages .....	4,331,974.	3,158,008.	567,922.	606,044.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	409,862.	298,789.	53,733.	57,340.
<b>9</b> Other employee benefits .....	765,628.	558,143.	100,374.	107,111.
<b>10</b> Payroll taxes .....	365,757.	266,637.	47,951.	51,169.
<b>11</b> Fees for services (nonemployees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	167,391.	76,832.	65,115.	25,444.
<b>c</b> Accounting .....	439,462.	201,713.	170,951.	66,798.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17 .....	201,489.			201,489.
<b>f</b> Investment management fees .....	56,275.	41,025.	7,377.	7,873.
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) .....	1,251,140.	678,014.	573,126.	
<b>12</b> Advertising and promotion .....	202,497.	158,600.	28,522.	15,375.
<b>13</b> Office expenses .....	130,642.	98,462.	16,285.	15,895.
<b>14</b> Information technology .....	406,518.	261,987.	38,825.	105,706.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	212,595.	154,939.	27,853.	29,803.
<b>17</b> Travel .....	397,333.	295,547.	53,150.	48,636.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
<b>19</b> Conferences, conventions, and meetings .....	584,523.	426,117.	76,631.	81,775.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	165,990.	121,007.	21,761.	23,222.
<b>23</b> Insurance .....	110,342.	80,439.	14,466.	15,437.
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
<b>a</b> <u>PRINTING, POSTAGE AND S</u> .....	2,674,397.	1,511,516.	136,601.	1,026,280.
<b>b</b> <u>MAILINGS</u> .....	445,618.	213,839.	11,675.	220,104.
<b>c</b> <u>DUES, SUBSCRIPTIONS, LI</u> .....	160,297.	136,107.	24,190.	
<b>d</b> <u>MAINTENANCE AND REPAIRS</u> .....	43,250.	31,521.	5,666.	6,063.
<b>e</b> All other expenses .....	26,606.	19,396.	3,488.	3,722.
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e	18,328,051.	13,326,703.	2,161,959.	2,839,389.
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720)	3,362,776.	1,613,702.	88,100.	1,660,974.

**Part X Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	6,191,437.	<b>1</b>	7,557,291.
	<b>2</b> Savings and temporary cash investments .....	5,498,928.	<b>2</b>	1,136,880.
	<b>3</b> Pledges and grants receivable, net .....	1,290,454.	<b>3</b>	7,331,474.
	<b>4</b> Accounts receivable, net .....		<b>4</b>	
	<b>5</b> Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>5</b>	
	<b>6</b> Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	265,358.	<b>9</b>	317,402.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 4,790,842.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 2,350,686.	2,296,515.	<b>10c</b> 2,440,156.
	<b>11</b> Investments - publicly traded securities .....	3,665,119.	<b>11</b>	6,934,667.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>12</b>	
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	4,248,756.	<b>15</b>	4,599,408.
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 33) .....	23,456,567.	<b>16</b>	30,317,278.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	548,986.	<b>17</b>	1,058,864.
	<b>18</b> Grants payable .....	1,499,750.	<b>18</b>	2,076,000.
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D .....	784,026.	<b>25</b>	661,438.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	2,832,762.	<b>26</b>	3,796,302.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow FASB ASC 958, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27, 28, 32, and 33.</b>			
	<b>27</b> Net assets without donor restrictions .....	15,970,047.	<b>27</b>	21,720,247.
	<b>28</b> Net assets with donor restrictions .....	4,653,758.	<b>28</b>	4,800,729.
	<b>Organizations that do not follow FASB ASC 958, check here</b> <input type="checkbox"/> <b>and complete lines 29 through 33.</b>			
	<b>29</b> Capital stock or trust principal, or current funds .....		<b>29</b>	
	<b>30</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>30</b>	
	<b>31</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>31</b>	
	<b>32</b> Total net assets or fund balances .....	20,623,805.	<b>32</b>	26,520,976.
<b>33</b> Total liabilities and net assets/fund balances .....	23,456,567.	<b>33</b>	30,317,278.	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	23,361,566.
2	Total expenses (must equal Part IX, column (A), line 25)	2	18,328,051.
3	Revenue less expenses. Subtract line 2 from line 1	3	5,033,515.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	20,623,805.
5	Net unrealized gains (losses) on investments	5	863,656.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	26,520,976.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant? .....  
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? .....  
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? .....
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits .....

	Yes	No
1		
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A (Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization: AMERICAN PARKINSON DISEASE ASSOC. Employer identification number: 13-1962771

Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches... 2 A school... 3 A hospital... 4 A medical research organization... 5 An organization operated for the benefit of a college... 6 A federal, state, or local government... 7 X An organization that normally receives a substantial part of its support from a governmental unit... 8 A community trust... 9 An agricultural research organization... 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions... 11 An organization organized and operated exclusively to test for public safety... 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations... a Type I... b Type II... c Type III functionally integrated... d Type III non-functionally integrated... e Check this box if the organization received a written determination... f Enter the number of supported organizations... g Provide the following information about the supported organization(s).

Table with columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.



**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) .....						7249397.
<b>6 Public support.</b> Subtract line 5 from line 4.						73046924.

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
<b>7</b> Amounts from line 4 .....	11571893.	13852359.	18964510.	13177640.	22729919.	80296321.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources .....	216,616.	150,477.	231,948.	235,698.	202,652.	1037391.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....	10,383.	160,211.	149,397.	231,174.	213,523.	764,688.
<b>11 Total support.</b> Add lines 7 through 10						82098400.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	101,102.
<b>13 First 5 years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) .....	<b>14</b>	88.97 %
<b>15</b> Public support percentage from 2022 Schedule A, Part II, line 14 .....	<b>15</b>	93.45 %
<b>16a 33 1/3% support test - 2023.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2022.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2023.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2022.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support.

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

Table with 3 columns: Question, Yes, No. Row 11: Has the organization accepted a gift or contribution from any of the following persons? Sub-rows 11a, 11b, 11c.

Section B. Type I Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? Row 2: Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization?

Section C. Type II Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)?

Section D. All Type III Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? Row 2: Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? Row 3: By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year?

Section E. Type III Functionally Integrated Supporting Organizations

Table with 3 columns: Question, Yes, No. Row 1: Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). Sub-rows a, b, c. Row 2: Activities Test. Answer lines 2a and 2b below. Sub-rows a, b. Row 3: Parent of Supported Organizations. Answer lines 3a and 3b below. Sub-rows a, b.

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

1  Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 ( explain in Part VI). See instructions.  
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	<b>Total annual distributions.</b> Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	<b>Total</b> of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	<b>Excess distributions carryover to 2024.</b> Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

**Part VI** **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

REIMBURSEMENTS

2019 AMOUNT: \$ 10,383.

EMPLOYEE RETENTION CREDIT

2020 AMOUNT: \$ 128,927.

2021 AMOUNT: \$ 64,463.

FUNDRAISING

2020 AMOUNT: \$ 31,284.

2021 AMOUNT: \$ 84,934.

2022 AMOUNT: \$ 200,080.

2023 AMOUNT: \$ 213,523.

MISCELLANEOUS

2022 AMOUNT: \$ 31,094.

**Schedule B**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

Attach to Form 990, 990-EZ, or 990-PF.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

Organization type (check one):

**Filers of:**

**Section:**

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

**Note:** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ..... \$ \_\_\_\_\_

**Caution:** An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)



Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
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**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<hr/> <hr/> <hr/>	\$ <u>6,000,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ <u>538,557.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	<hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____
	_____	\$ _____	_____

Name of organization  <b>AMERICAN PARKINSON DISEASE ASSOC.</b>	Employer identification number  <b>13-1962771</b>
--	---

**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<b>(e) Transfer of gift</b>			
<b>Transferee's name, address, and ZIP + 4</b>		<b>Relationship of transferor to transferee</b>	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization AMERICAN PARKINSON DISEASE ASSOC. Employer identification number 13-1962771

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets** (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a  Public exhibition
  - b  Scholarly research
  - c  Preservation for future generations
  - d  Loan or exchange program
  - e  Other \_\_\_\_\_
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements** Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- |                                 | Amount |
|---------------------------------|--------|
| c Beginning balance             | 1c     |
| d Additions during the year     | 1d     |
| e Distributions during the year | 1e     |
| f Ending balance                | 1f     |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  Yes  No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

**Part V Endowment Funds** Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	175,377.	175,377.	174,081.	173,077.	172,961.
b Contributions					
c Net investment earnings, gains, and losses			1,296.	1,004.	126.
d Grants or scholarships					
e Other expenditures for facilities and programs					10.
f Administrative expenses					
g End of year balance	175,377.	175,377.	175,377.	174,081.	173,077.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment \_\_\_\_\_%
  - b Permanent endowment 100 %
  - c Term endowment \_\_\_\_\_%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- |  | Yes | No |
|--|-----|----|
| (i) Unrelated organizations?   |     | X  |
| (ii) Related organizations?  |     | X  |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? |     |    |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

**Part VI Land, Buildings, and Equipment** Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		696,071.		696,071.
b Buildings		2,820,627.	1,778,247.	1,042,380.
c Leasehold improvements		612,464.	250,572.	361,892.
d Equipment		170,244.	168,572.	1,672.
e Other		491,436.	153,295.	338,141.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				2,440,156.

**Part VII Investments - Other Securities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives .....		
(2) Closely held equity interests .....		
(3) Other .....		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

**Part VIII Investments - Program Related.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

**Part IX Other Assets**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) BENEFICIAL INTEREST IN PERPETUAL TRUST	1,492,636.
(2) BENEFICIAL INTEREST IN REMAINDER TRUSTS	2,586,851.
(3) OPERATING LEASE RIGHT OF USE ASSET, NET	519,921.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 15, col. (B))	4,599,408.

**Part X Other Liabilities**

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) CHARITABLE GIFT ANNUITIES PAYABLE	115,969.
(3) OPERATING LEASE LIABILITY	545,469.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, line 25, col. (B))	661,438.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

**Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	41,415,957.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	391,491.	
b	Donated services and use of facilities	2b	16,779,469.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	939,706.	
e	Add lines 2a through 2d	2e		18,110,666.
3	Subtract line 2e from line 1	3		23,305,291.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,275.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		56,275.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		23,361,566.

**Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	35,518,786.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	16,779,469.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	467,541.	
e	Add lines 2a through 2d	2e		17,247,010.
3	Subtract line 2e from line 1	3		18,271,776.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	56,275.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b	4c		56,275.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		18,328,051.

**Part XIII Supplemental Information**

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

**PART X, LINE 2:**

APDA IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND, THEREFORE, HAS MADE NO PROVISION FOR FEDERAL OR STATE INCOME TAXES IN THE ACCOMPANYING FINANCIAL STATEMENTS. APDA HAS BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A "PRIVATE FOUNDATION" WITHIN THE MEANING OF SECTION 509(A)(1) OF THE INTERNAL REVENUE CODE.

OTHER SIGNIFICANT TAX POSITIONS INCLUDE ITS DETERMINATION OF WHETHER ANY AMOUNTS ARE SUBJECT TO UNRELATED BUSINESS INCOME TAX ("UBIT"). ALL SIGNIFICANT TAX POSITIONS HAVE BEEN CONSIDERED BY MANAGEMENT AND IT HAS BEEN DETERMINED THAT ALL TAX POSITIONS WOULD BE SUSTAINED UPON EXAMINATION BY TAXING AUTHORITIES. THE MOST SIGNIFICANT JURISDICTIONS IN WHICH APDA IS

**Part XIII** Supplemental Information (continued)

REQUIRED TO FILE TAX RETURNS INCLUDE THE U.S. FEDERAL JURISDICTION AND THE STATE OF NEW YORK, ALTHOUGH APDA FILES IN ALMOST EVERY STATE. APDA IS SUBJECT TO EXAMINATION BY THE FEDERAL TAXING AUTHORITY UP TO THREE YEARS FROM THE EXTENDED DUE DATE OF THE TAX RETURN. AS OF AUGUST 31, 2024, TAX YEARS ENDING IN 2021 THROUGH 2023 ARE OPEN TO EXAMINATION, WITH LIMITED EXCEPTIONS FOR VARIOUS STATES.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	467,541.
CHANGE IN VALUE OF BENEFICIAL INTEREST	472,165.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	939,706.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES	467,541.
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**SCHEDULE F  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Statement of Activities Outside the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public Inspection

Name of the organization

Employer identification number

AMERICAN PARKINSON DISEASE ASSOC.

13-1962771

**Part I** **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

**1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....  **Yes**  **No**

**2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

**3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
NORTH AMERICA - CANADA AND MEXICO, BUT NOT THE UNITED STATES	0	0	RESEARCH GRANTS TO ORGANIZATION	SCIENTIFIC RESEARCH RELATING TO PARKINSON DISEASE	37,500.
<b>3 a</b> Subtotal .....	0	0			37,500.
<b>b</b> Total from continuation sheets to Part I .....	0	0			0.
<b>c Totals</b> (add lines 3a and 3b) .....	0	0			37,500.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2023

**Part II** Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	MEDICAL RESEARCH	37,500.	BANK TRANSFER/WIRE	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ..... 1

3 Enter total number of other organizations or entities ..... 0

**Part III Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see the Instructions for Form 926)* .....  Yes  No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* .....  Yes  No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see the Instructions for Form 5471)* .....  Yes  No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see the Instructions for Form 8621)* .....  Yes  No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see the Instructions for Form 8865)* .....  Yes  No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see the Instructions for Form 5713; don't file with Form 990)* .....  Yes  No

**Part V Supplemental Information**

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

**PART I, LINE 2:**

DUE TO THE TAX EXEMPT STATUS UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND IN ORDER TO COMPLY WITH THE REQUIREMENTS OF THE ANNUAL AUDIT, IT IS OBLIGATORY THAT THE RESEARCHER RECEIVING THE RESEARCH GRANT, PROVIDE AN ACCEPTABLE PROGRESS REPORT OF THEIR RESEARCH AFTER 6 MONTHS AND COMPLETE PROGRESS AND FINANCIAL REPORTS AFTER 12 MONTHS. FAILURE TO PURSUE THE RESEARCH OR PROVIDE ANY REPORT WILL ABATE PAYMENT OF THE GRANT. FURTHERMORE, IF THE REQUIRED REPORTS ARE NOT RECEIVED WITHIN 90 DAYS OF THEIR DUE DATE, THE GRANT RECIPIENT, WILL BE REQUIRED TO REFUND ALL MONIES GIVEN TO THEM AND CONSIDERED TO HAVE BREACHED THE GRANT AGREEMENT.

**PART I, LINE 3:**

EXPENDITURES ARE ACCOUNTED FOR USING THE ACCRUAL BASIS OF ACCOUNTING.

**SCHEDULE G  
(Form 990)**

**Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

**2023**

Department of the Treasury  
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I Fundraising Activities.** Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a  Mail solicitations
- b  Internet and email solicitations
- c  Phone solicitations
- d  In-person solicitations
- e  Solicitation of non-government grants
- f  Solicitation of government grants
- g  Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?  Yes  No

b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
MOORE A SERIES, LLC - 4200 PARLIAMENT PLACE, SUITE 300,	FUNDRAISING COUNSEL		X	4,866,309.	528,971.	4,337,338.
<b>Total</b>				4,866,309.	528,971.	4,337,338.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SD, TN, UT, VA, WA, WV, WI

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		OPTIMISM WALKS (event type)	GALA (event type)	3 (total number)	
Revenue	1	1,512,973.	781,449.	414,532.	2,708,954.
	2	1,512,973.	656,557.	325,901.	2,495,431.
	3		124,892.	88,631.	213,523.
Direct Expenses	4				
	5				
	6	7,550.	9,335.	2,000.	18,885.
	7	10,669.	589.	3,068.	14,326.
	8	3,649.	5,900.		9,549.
	9	145,689.	167,348.	111,744.	424,781.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			
11	Net income summary. Subtract line 10 from line 3, column (d)				-254,018.

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			27,336.
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 80.00 % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				27,336.

9 Enter the state(s) in which the organization conducts gaming activities: IA, MA, WA  
 a Is the organization licensed to conduct gaming activities in each of these states?  Yes  No  
 b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?  Yes  No  
 b If "Yes," explain: \_\_\_\_\_

- 11 Does the organization conduct gaming activities with nonmembers?  Yes  No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?  Yes  No
- 13 Indicate the percentage of gaming activity conducted in:
 

a	The organization's facility	13a	%
b	An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name CHRIS SALICCO

Address 2562 HYLAN BLVD, SUITE 61420 - STATEN ISLAND, NY 10306

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?  Yes  No
- b If "Yes," enter the amount of gaming revenue received by the organization \$ \_\_\_\_\_ and the amount of gaming revenue retained by the third party \$ \_\_\_\_\_
- c If "Yes," enter name and address of the third party:

Name \_\_\_\_\_

Address \_\_\_\_\_

16 Gaming manager information:

Name CHRIS SALICCO

Gaming manager compensation \$ \_\_\_\_\_

Description of services provided \_\_\_\_\_

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?  Yes  No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ \_\_\_\_\_

**Part IV Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:**

(I) NAME OF FUNDRAISER: MOORE A SERIES, LLC

(I) ADDRESS OF FUNDRAISER: \_\_\_\_\_

4200 PARLIAMENT PLACE, SUITE 300, LANHAM, MD 20706





**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

**Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments.** Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ALBERT EINSTEIN COLLEGE OF MEDICINE - 1300 MORRIS PARK DRIVE - BRONX, NY 10461	83-0621846	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
BARROW NEUROLOGICAL FOUNDATION/MUHAMMED ALI PARKINSON CENTER - 2910 N 3RD AVE STE 450 - PHOENIX, AZ 85013	86-0174371	501(C)(3)	50,000.	0.			COMMUNITY GRANT
BOSTON CHILDREN'S HOSPITAL PO BOX 414413 BOSTON, MA 02241	04-2774441	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
BOSTON COLLEGE TRUSTEES DEPARTMENT OF NEUROLOGY AND NEURSCIENCE 72 EAST CONCORD STREET - BOSTON, MA	04-2103545	501(C)(3)	87,000.	0.			INFORMATION & REFERRAL
BUTLER HOSPITAL 345 BLACKSTONE BOULEVARD PROVIDENCE, RI 02906	05-0258812	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVENUE CLEVELAND, OH 44195	34-0714585	501(C)(3)	75,000.	0.			MEDICAL RESEARCH

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **40.**
- 3 Enter total number of other organizations listed in the line 1 table **0.**

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA UNIVERSITY HEALTH SCIENCE CENTER - 615 WEST 131ST STREET, 3RD FLOOR - NEW YORK, NY 10027	13-5598093	501(C)(3)	52,500.	0.			FELLOWSHIP GRANT - \$12,500 & MEDICAL RESEARCH GRANT-ADVANCED CENTERS - \$40,000
EAST CAROLINA UNIVERSITY MAIL STOP 203, 1000 EAST 5TH ST GREENVILLE, NC 27858	56-6000403	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
EMORY UNIVERSITY SCHOOL OF MEDICINE - 401 WOODRUFF MEMORIAL BOULEVARD - ATLANTA, GA 30329	58-0566256	501(C)(3)	205,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS
HUGO W. MOSER RESEARCH INSTITUTE AT KENNEDY KRIEGER INC. - 707 NORTH BROADWAY - BALTIMORE, MD 21205	52-1524967	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
JOHNS HOPKINS UNIVERSITY 3910 KESWICK RD BALTIMORE, MD 21211	52-0595110	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
MASSACHUSETTS GENERAL HOSPITAL 55 FRUIT STREET BOSTON, MA 02114	04-2697983	501(C)(3)	12,500.	0.			FELLOWSHIP
MAYO CLINIC 4500 SAN PABLO ROAD JACKSONVILLE, FL 32224	59-3337028	501(C)(3)	100,000.	0.			MEDICAL RESEARCH - ADVANCED CENTERS
MOREHOUSE SCHOOL OF MEDICINE 720 WESTVIEW DRIVE S.W. ATLANTA, GA 30310	58-1438873	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
NEW YORK UNIVERSITY 1 PARK AVE, 6TH FLOOR NEW YORK, NY 10016	13-5562308	501(C)(3)	18,750.	0.			MEDICAL RESEARCH

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NY INSTITUTE OF TECHNOLOGY PO BOX 8000, NORTHERN BLVD. OLD WESTBURY, NY 11568	11-1788788	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
NY PRESBYTERIAN BROOKLYN METHODIST DEPT. OF NEUROSCIENCE 263 7TH AVENUE, SUITE 4A - BROOKLYN, NY 11215	11-1631796	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
PACIFIC NEUROSCIENCE INSTITUTE/SAINT JOHN - PROVIDENCE SAINT JOHN'S HEALTH CENTER 2125 ARIZONA AVENUE - SANTA MONICA, CA	95-6100079	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
PARKINSONS WELLNESS PROJECT INC. 71 POMONA RD SUFFERN, NY 10901	84-2819605	501(C)(3)	14,200.	0.			COMMUNITY GRANT
REGENTS OF THE UNIVERSITY OF CALIFORNIA - OFFICE OF RESEARCH, 1850 RESEARCH PARK DRIVE - DAVIS, CA 95618	94-6036494	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
REGENTS OF THE UNIVERSITY OF MICHIGAN - 5082 WOLVERINE TOWER, 3003 SOUTH STATE STREET - ANN ARBOR, MI 48109	38-6006309	501(C)(3)	62,818.	0.			MEDICAL RESEARCH
RUTGERS, THE STATE UNIVERSITY OF NEW JERSEY - 33 KNIGHTSBRIDGE ROAD - PISCATAWAY, NJ 08854	07-8795875	501(C)(3)	175,000.	0.			MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000 & INFORMATION & REFERRAL - \$75,000
ST. CATHERINE OF SIENA HOSPITAL 500 COMMACK ROAD COMMACK, NY 11725	06-1562701	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
STANFORD UNIVERSITY MEDICAL CTR. 300 PASTEUR DRIVE, ROOM H-3144 STANFORD, CA 94305	94-1156365	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BOARD OF TRUSTEES OF THE UNIVERSITY ILLINOIS URBANA-CHAMPAIGN - 506 S WRIGHT ST, 209 HAB, NO. MC339 - URBANA,	37-6000511	501(C)(3)	12,500.	0.			FELLOWSHIP
THE BRIGHAM & WOMENS HOSPITAL 75 FRANCIS STREET BOSTON, MA 02115	04-2312909	501(C)(3)	187,500.	0.			COTZIAS - \$50,000, FELLOWSHIP GRANT - \$12,500, INFORMATION & REFERRAL - \$25,000,
THE ROCKEFELLER UNIVERSITY 1230 YORK AVE NEW YORK, NY 10065	13-1624158	501(C)(3)	75,000.	0.			MEDICAL RESEARCH
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO - 110 INNER CAMPUS DRIVE, STOP K5300 - AUSTIN, TX 78712	74-6000203	GOV	22,750.	0.			MEDICAL RESEARCH - \$18,750 & COMMUNITY GRANT - \$4,000
TRUSTEES OF BOSTON UNIVERSITY 635 COMMONWEALTH AVENUE BOSTON, MA 02215	04-2103547	501(C)(3)	152,000.	0.			MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000 & REHAB CENTER GRANT - \$52,000
TRUSTEES OF THE UNIVERSITY OF PENNSYLVANIA - 3451 WALNUT STREET, 5TH FLOOR - PHILADELPHIA, PA 09104	23-1352685	501(C)(3)	25,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF ALABAMA @ BIRMINGHAM 801 5TH AVE SOUTH, ROOM 251 BIRMINGHAM, AL 35294	63-6005396	501(C)(3)	293,750.	0.			INFORMATION AND REFERRAL - \$100,000, MEDICAL RESEARCH GRANT - \$93,750 & MEDICAL
UNIVERSITY OF CHICAGO 5841 S. MARYLAND AVENUE, MAIL CODE: CHICAGO, IL 60637	36-2177139	501(C)(3)	75,000.	0.			INFORMATION & REFERRAL
UNIVERSITY OF DENVER 2199 S. UNIVERSITY BOULEVARD DENVER, CO 80210	84-0404231	501(C)(3)	18,750.	0.			MEDICAL RESEARCH

Schedule I (Form 990)

**Part II** Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF FLORIDA 1523 UNION RD RM 207 GAINESVILLE, FL 32611	59-6002052	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
UNIVERSITY OF MASSACHUSETTS LOWELL 55 LAKE AVENUE NORTH WORCESTER, MA 01655	04-3167352	GOV	18,750.	0.			MEDICAL RESEARCH
UNIVERSITY OF MIAMI 1120 NW 14TH STREET, 13TH FLOOR, RO MIAMI, FL 33136	59-0624458	501(C)(3)	100,000.	0.			INFORMATION & REFERRAL
UNIVERSITY OF PITTSBURGH PO BOX 371220 PITTSBURGH, PA 15251	25-0965591	501(C)(3)	150,000.	0.			COTZIAS - \$50,000 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000
UNIVERSITY OF WISCONSIN-MADISON 21 N. PARK STREET, SUITE 6301 MADISON, WI 53715	39-6006492	501(C)(3)	56,250.	0.			MEDICAL RESEARCH
VANDERBILT UNIVERSITY PMB 406310, 2301 VANDERBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	18,750.	0.			MEDICAL RESEARCH
WASHINGTON UNIVERSITY 700 ROSEDALE AVE CB 1034 ST LOUIS, MO 63112	43-0653611	501(C)(3)	137,500.	0.			INFORMATION AND REFERRAL - \$25,000, FELLOWSHIP - \$12,500 & MEDICAL RESEARCH-ADVANCED CENTERS

**Part III Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.  
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

**Part IV Supplemental Information.** Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

**PART I, LINE 2:**

APDA HAS A SCIENTIFIC ADVISORY BOARD (SAB) THAT RECOMMENDS THE RECIPIENTS OF THE GRANTS, WHO ARE IN TURN APPROVED BY THE BOARD OF DIRECTORS. INITIAL FUNDING IS MADE BASED ON THE GRANT AND SUBSEQUENT PAYMENTS ARE MADE CONTINGENT ON PROGRESS REPORTS. FINAL REPORTS ARE MANDATORY FOR THE GRANTS AND ONLY AFTER THEIR RECEIPT IS FINAL PAYMENT DISBURSED. CENTERS FOR ADVANCED RESEARCH WHERE FUNDING EXTENDS OUT MORE THAN ONE YEAR SUBMIT ANNUAL PROGRESS REPORTS. INFORMATION AND REFERRAL CENTERS ARE MONITORED FOR VOLUME ACTIVITY AND

**Part IV** Supplemental Information

SIMILARLY, AFTER THE INITIAL PAYMENT, SUBSEQUENT PAYMENTS ARE CONTINGENT UPON RECEIPT OF PROGRESS REPORTS.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: THE BRIGHAM & WOMENS HOSPITAL

(H) PURPOSE OF GRANT OR ASSISTANCE: COTZIAS - \$50,000, FELLOWSHIP GRANT - \$12,500, INFORMATION & REFERRAL - \$25,000, MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF ALABAMA @ BIRMINGHAM

(H) PURPOSE OF GRANT OR ASSISTANCE: INFORMATION AND REFERRAL - \$100,000, MEDICAL RESEARCH GRANT - \$93,750 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON UNIVERSITY

(H) PURPOSE OF GRANT OR ASSISTANCE: INFORMATION AND REFERRAL - \$25,000, FELLOWSHIP - \$12,500 & MEDICAL RESEARCH-ADVANCED CENTERS - \$100,000



**SCHEDULE J  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

For certain Officers, Directors, Trustees, Key Employees, and Highest  
Compensated Employees  
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.  
Attach to Form 990.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

**AMERICAN PARKINSON DISEASE ASSOC.**

Employer identification number

**13-1962771**

**Part I Questions Regarding Compensation**

**1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- |  |  |
|--|--|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use   |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence   |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees     |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

**b** If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain .....

**2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....

**3** Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- |   |   |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee              | <input checked="" type="checkbox"/> Written employment contract                     |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations     | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

**4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? .....
- c** Participate in or receive payment from an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

**Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**

**5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 5a or 5b, describe in Part III.

**6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.

**7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....

**8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....

**9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

	Yes	No
<b>1a</b>		
<b>1b</b>		
<b>2</b>		
<b>3</b>		
<b>4a</b>		<b>X</b>
<b>4b</b>		<b>X</b>
<b>4c</b>		<b>X</b>
<b>5a</b>		<b>X</b>
<b>5b</b>		<b>X</b>
<b>6a</b>		<b>X</b>
<b>6b</b>		<b>X</b>
<b>7</b>		<b>X</b>
<b>8</b>		<b>X</b>
<b>9</b>		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

**Note:** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE A. CHAMBERS PRESIDENT/CEO	(i)	307,543.	0.	6,858.	39,898.	17,836.	372,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MICHELLE MCDONALD CHIEF OPERATIONS OFFICER	(i)	187,629.	0.	1,528.	24,004.	30,894.	244,055.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) REBECCA GILBERT CHIEF MISSION OFFICER	(i)	200,661.	0.	407.	25,516.	0.	226,584.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) ELOISE CAGGIANO VP DEVELOPMENT/MKTG & COMM	(i)	151,686.	0.	292.	19,286.	14,652.	185,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) WILLIAM PATJANE REGIONAL DIRECTOR	(i)	134,002.	0.	673.	17,090.	28,527.	180,292.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JEAN ALLENBACH REGIONAL DIRECTOR	(i)	138,651.	0.	262.	17,628.	17,976.	174,517.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) CATHERINE KRANE REGIONAL DIRECTOR	(i)	134,389.	0.	1,425.	17,235.	21,014.	174,063.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) ROSA PENA VP PROGRAMS AND SERVICES	(i)	137,362.	0.	716.	17,522.	2,982.	158,582.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**Part III** Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

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**SCHEDULE L**  
**(Form 990)**

**Transactions With Interested Persons**

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

**2023**

Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

Department of the Treasury  
Internal Revenue Service

Name of the organization **AMERICAN PARKINSON DISEASE ASSOC.** Employer identification number **13-1962771**

**Part I Excess Benefit Transactions** (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b; or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ..... \$ \_\_\_\_\_

**Part II Loans to and/or From Interested Persons**

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
				To	From			Yes	No	Yes	No	Yes	No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
<b>Total</b> .....							\$						

**Part III Grants or Assistance Benefiting Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1) DAVID G. STANDAERT	NONVOTING MEMBER	293,750.	GRANTS	RESEARCH/ I&R
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990) 2023

SEE PART V FOR CONTINUATIONS

**Part IV Business Transactions Involving Interested Persons**

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

**Part V Supplemental Information**

Provide additional information for responses to questions on Schedule L. See instructions.

SCH L, PART III, GRANTS OR ASSISTANCE BENEFITTING INTERESTED PERSONS:

(A) NAME OF PERSON: DAVID G. STANDAERT, MD, PHD

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NONVOTING MEMBER, BOD

(C) AMOUNT OF GRANT \$ 293,750.

(D) TYPE OF ASSISTANCE: GRANTS

(E) PURPOSE OF ASSISTANCE: RESEARCH/ I&R

SCHEDULE L, PART III, LINE 1:

DAVID G. STANDAERT, MD, PHD IS A NONVOTING MEMBER OF THE BOARD OF

DIRECTORS OF APDA AND IS ALSO CHAIRMAN OF THE SCIENTIFIC ADVISORY

BOARD. IN ADDITION, THIS MEMBER HEADS THE DEPARTMENT OF NEUROLOGY AT

THE UNIVERSITY OF ALABAMA AT BIRMINGHAM AND RECEIVED RESEARCH FUNDING

IN THE AMOUNT OF \$93,750, ADVANCED CENTER FUNDING IN THE AMOUNT OF

\$100,000, AND INFORMATION AND REFERRAL FUNDING IN THE AMOUNT OF

\$100,000 FOR THE FISCAL YEARS ENDED AUGUST 31, 2024.

**SCHEDULE O  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
Attach to Form 990 or Form 990-EZ.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2023**

Open to Public  
Inspection

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

PARKINSON'S DISEASE LIVE LIFE TO THE FULLEST.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE AMERICAN PARKINSON DISEASE ASSOCIATION (APDA) IS A NATIONWIDE  
GRASSROOTS NETWORK DEDICATED TO FIGHTING PARKINSON'S DISEASE (PD) AND  
WORKS TIRELESSLY TO HELP THE APPROXIMATELY ONE MILLION PEOPLE WITH PD  
IN THE UNITED STATES LIVE LIFE TO THE FULLEST IN THE FACE OF THIS  
CHRONIC, NEUROLOGICAL DISORDER. FOUNDED IN 1961, APDA HAS RAISED AND  
INVESTED MORE THAN \$282 MILLION TO PROVIDE OUTSTANDING PATIENT SERVICES  
AND EDUCATIONAL PROGRAMS, ELEVATE PUBLIC AWARENESS ABOUT THE DISEASE,  
AND SUPPORT RESEARCH DESIGNED TO UNLOCK THE MYSTERIES OF PD AND  
ULTIMATELY PUT AN END TO THIS DISEASE.

APDA PROVIDES EXTENSIVE IN-PERSON AND VIRTUAL PROGRAMS TO HELP EDUCATE,  
ENGAGE, AND SUPPORT PEOPLE WITH PARKINSON'S DISEASE AND THEIR CARE  
PARTNERS. APDA ALSO PROVIDES CRITICAL INFORMATION AND REFERRALS,  
ACTIVITIES TO PROMOTE PHYSICAL AND EMOTIONAL WELL-BEING, AND HELPS  
FOSTER A SENSE OF COMMUNITY THAT CAN GREATLY IMPROVE QUALITY OF LIFE.  
AS WE LOOK TOWARDS A FUTURE WITHOUT PARKINSON'S DISEASE AND SUPPORT  
CUTTING-EDGE RESEARCH TO HELP REACH THAT GOAL, APDA IS COMMITTED TO  
SERVING PEOPLE WITH PARKINSON'S EVERY STEP OF THE WAY WITH HIGH-QUALITY  
PROGRAMS, RESPECT, AND COMPASSION.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTRIBUTED SERVICES INCLUDE DONATED MEDIA (TELEVISION AND RADIO

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization AMERICAN PARKINSON DISEASE ASSOC.	Employer identification number 13-1962771
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BROADCASTING AND OTHER FORMS OF MEDIA, INCLUDING PUBLIC SERVICE ANNOUNCEMENTS) VALUED AT \$16,779,469 FOR THE YEAR ENDED AUGUST 31, 2024. THE FAIR VALUE OF THE DONATED MEDIA IS DETERMINED BASED ON CONSIDERATION OF CASH PAYMENTS TYPICALLY MADE BY BUYERS FOR SIMILAR ADVERTISING AND MEDIA, STANDARD DISCOUNTS GIVEN FOR SIMILARLY PLACED MEDIA, THE MEDIA TYPE AND PLACEMENT AND OTHER CONSIDERATIONS. APDA DOES NOT RECOGNIZE ANY REVENUE OR EXPENSE FROM SERVICES CONTRIBUTED BY VOLUNTEERS BECAUSE IT DOES NOT MEET THE CRITERIA FOR RECOGNITION UNDER FASB ASC 958, NOT-FOR-PROFIT ENTITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: SERVICES, IN 26 MARKETS AND 30 CONNECTING THROUGH ART PROGRAMS IN 22 MARKETS. APDA PROVIDES VETTED PD INFORMATION VIA FACTSHEETS AND BOOKLETS WITH 179,000 DOWNLOADS AND MAILINGS ACROSS THE US.

FORM 990, PART VI, SECTION A, LINE 2:

1. ELIZABETH BRAUN - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELENA IMPERATO.
2. LISA ESPOSITO - BOARD MEMBER. SHE IS A SISTER TO SECRETARY SALLY ANN ESPOSITO BROWNE.
3. ELENA MAESTRONE IMPERATO - BOARD MEMBER. SHE IS A SISTER TO BOARD MEMBER ELIZABETH BRAUN.
4. SALLY ANN ESPOSITO BROWNE - SECRETARY. SHE IS A SISTER TO BOARD MEMBER LISA ESPOSITO.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 WAS REVIEWED IN DETAIL BY FINANCE AND AUDIT COMMITTEES AND DISTRIBUTED ELECTRONICALLY TO ALL OTHER BOARD MEMBERS PRIOR TO FILING.

Name of the organization

AMERICAN PARKINSON DISEASE ASSOC.

Employer identification number

13-1962771

FORM 990, PART VI, SECTION B, LINE 12C:

CONFLICT OF INTEREST POLICY SIGNED BY THE BOARD ANNUALLY. MEMBERS RECUSE THEMSELVES FROM VOTING IF THERE IS POTENTIAL CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15:

INDEPENDENT COMPENSATION COMMITTEE FORMED TO APPROVE THE SALARIES OF THE PRESIDENT/ CEO AND KEY EMPLOYEES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

CT, FL, GA, IL, IA, MA, MN, MS, NE, NH, NJ, NY, OH, OK, RI, TN, TX, UT, VT, VA, WA, WI

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 AVAILABLE UPON REQUEST. FORM 990 IS ALSO AVAILABLE ON THE IRS WEBSITE - [HTTPS://APPS.IRS.GOV/APP/EOS/](https://apps.irs.gov/app/eos/) AND [WWW.GUIDESTAR.COM](http://WWW.GUIDESTAR.COM)

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS AVAILABLE ON WEBSITE AND UPON REQUEST. GOVERNING DOCUMENTS AND POLICIES PROVIDED UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OF THE AUDIT OF ITS FINANCIAL STATEMENTS. FOR FISCAL YEAR ENDED 8/31/24, THE ORGANIZATION HAS NOT CHANGED ITS SELECTION OF AN INDEPENDENT AUDITOR.